ORIGINAL RESEARCH

Assessing community organization needs for medical school community service-learning

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ABSTRACT

Objective: While literature exists on student feedback to community service-learning (CSL), community organizations have played a small role in re-shaping CSL within medical curricula. The objective of this study was to analyze the feedback from community supervisors involved in a CSL course at University of Toronto's Faculty of Medicine.

Methods: Semi-structured one-to-one qualitative interviews were conducted with community supervisors (n = 9) between October 2018 and January 2019. Interviews were transcribed and thematic analysis was completed using Dedoose software. Researchers independently coded transcripts and developed an initial codebook. Once inter-rater reliability (Cohen's κ coefficient) > 0.80 was achieved, the remaining transcripts were coded deductively, and additional codes were developed inductively when existing code were unable to describe new data. Themes from the analysis were identified.

Results: Four overarching themes were identified. Perceived benefits to students by community supervisors focused on their contributions to the development of future physicians through understanding community needs and exposure to organizations that may be resourceful to physicians. Among organizational benefits of CSL, extra hands, work-specific benefits, and medical student's unique expertise were subthemes highlighted. CSL benefits were not without challenges. Scheduling difficulties, motivating students to understand their work's value, and curriculum gaps identified were challenges community supervisors faced. Three subthemes emerged under areas for improvement. Community supervisors emphasised increasing flexibility to make experiences more meaningful for students. They also wanted more dialogue between organizations to gain insight from one another and a clearer understanding of CSL and its role in the curriculum.

Conclusions: Community supervisors viewed academic institutions to be in a unique position having established many partnerships with community organizations. Developing networking opportunities between organizations should be encouraged across CSL programs in medical education. As well, clearer understanding of CSL as part of the medical curriculum was important for community supervisors to better understand their roles and responsibilities.

Introduction

Service learning in medical education has started to become recognized as a necessity. Governing bodies, including the Association of Faculties of Medicine in Canada (AFMC) and the Association of American Medical Colleges, have highlighted the importance of developing community-based initiatives in medical education [1,2]. However, there is no framework that guides faculty on how to incorporate this. In a recent Canadian Federation of Medical Students Conference [3], the need for consultation with community stakeholders was emphasized.

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Community Service-Learning (CSL) is a teaching and learning strategy that integrates community service with instruction and reflection to enrich learning experiences [4]. It also offers an opportunity for reciprocal learning whereby traditional definitions of "faculty", "teacher", and "learner" are intentionally blurred [5]. This is in contrast to volunteerism, where the primary emphasis is the service provided and the primary intended beneficiary is the organization. CSL extends from traditional community service objectives by providing learning experiences with objectives related to student coursework [6].

Service-learning curriculum overview

CSL Field Experiences are a core activity within Health in Community Year 2 course (HC-2) at University of Toronto's Faculty of Medicine. The central questions of HC-2 are: What is community? Where is community?, and Why are some people healthier than others? Students investigate these questions through hands-on community learning experiences involving over 90 organizations. Tutorial groups of 6–8 students are instructed by two faculty members, with each faculty instructor paired to a community organization. Within these classes, groups of 3–4 students are connected with one of the community partner organizations attached to the faculty members. During Field Experiences, students participate, observe, contribute, and investigate advocacy. Tutorials are held throughout the year, which offers space to explore theory and reflect on experiences. HC-2 culminates in a poster day forum where students share what they have learned with peers, faculty, and community supervisors.

Literature review

CSL outcomes on students have been well documented in a range of health profession schools. They include positive impact in higher-order thinking, cultural awareness, personal and interpersonal development, awareness of personal stereotypes and biases, and motivation to engage in social issues [7,8]. While literature exists on student feedback [7,9–13], community organizations have played a small role in re-shaping CSL in medical curricula [14–16]. A systematic review found that while integration of CSL was beneficial, stakeholder-shared governance is a key to sustainability [10]. One study accounted for community supervisor's perspective in a medical CSL curriculum [17]; however, they assessed three variables related to project-specifics. In future directions, they suggest a broader evaluation to better understand community-based organization perspectives. Outside medical education, few studies have looked at community perceptions in CSL, with only three studies using in-depth interviews [15,18–20]. It is of note that these studies did not evaluate a mandatory CSL curriculum integrated in a faculty, and while they analyzed benefits to organizations [19] and community supervisor's motivations to being involved in CSL [18], limited discussion involved recommendations to improve partnerships. In future directions, Sandy and Holland [20] concluded studies must hold conversations on how to engage community supervisors and finds ways to develop appropriate infrastructure to facilitate these shifts. Our study aims to explore this with a focus on medical education.

Another unique component addressed in this study is the focus on medical teaching. In a report by the AFMC [1], they recommend the need to diversify learning contexts through learning opportunities in community settings. Resources must be available to allow community supervisors to be better equipped to contribute to the mentorship in CSL. A study evaluating community-institutional partnerships found that community supervisor training was one of 12 key characteristics to maintaining successful partnerships [21]. Therefore, this study aimed to receive feedback from community supervisors involved in the CSL component of HC-2 at the University of Toronto. We explored how a CSL curriculum could be restructured to better serve needs of community organizations and what opportunities could be incorporated to aid community supervisors in teaching medical students.

Methods

Study design

In this study, 30-minute semi-structured one-to-one qualitative interviews were conducted with community supervisors using an interview guide (Appendix 1). This study was reviewed and approved by the University of Toronto Human Research Ethics Committee.

Sample

Potential participants were identified through an email sent to all community supervisors involved in CSL course at University of Toronto. Inclusion criteria required community supervisors to have completed at least 1 year in the program. Respondents

with less than 1-year involvement in the CSL curriculum were excluded from this study. Non-respondents received three follow-up invitations. All participants were informed participation is voluntary and signed consent prior to participation.

Data collection

RB conducted interviews with community supervisors between October 2018 and February 2019. Interviews were conducted face-to-face or by phone and transcribed verbatim by JL. Transcripts and audio recordings were identified by a unique identifying number to shield participant's identities. Data collection was continued until thematic saturation was achieved. This was determined once mounting instances of the same codes emerged and the codebook began to stabilize [22].

Analysis

Following Smith et al.'s [23] suggestions on interpretive phenomenological analysis, thematic analysis was performed by the research team (LB, FHL, and RB). Dedoose qualitative data analysis software (version 8.2.14, SocioCultural Research Consultants, LLC, Los Angeles, California, 2018) was used for coding, organizing, and inter-rater reliability analysis. Initially, two transcripts were independently coded by each of the team members. Reviewers met to discuss and develop an initial codebook. The codebook was revised and inconsistencies in its application were discussed and resolved through consensus until inter-rater reliability (Cohen's κ coefficient) > 0.80 was achieved. Once reached, remaining transcripts were coded deductively. Additional codes were developed inductively when existing code were unable to describe new data. Following coding, authors met and identified commonalities among interviews in order to combine codes into salient themes and better theorize from data their implications on the medical education.

Results

Interviews were conducted with nine community supervisors that met the inclusion criteria (Table 1). Their participation ranged from 1 to 10 years of involvement in CSL. Four overarching themes were identified: perceived benefits to students, benefits to organizations, barriers and challenges for organizations, and areas for improvement when structuring a community component in medical curricula. The remainder of this section presents subthemes reported in order of prominence as they appear in the coded data and is summarized in Table 2.

Perceived benefits to students in CSL

Contributing to the development of future physicians

All but one community supervisor referred to the development of future healthcare providers through exposure to various demographics. In the context of their refugee assistance organization, one commented:

> "I think we saw long-term value of relationships [between students and organization] … students will know what it means to be a refugee and challenges they face…[CSL] is a long-term investment so we can have at least a few doctors who are familiar with refugee's situations" (Interview 4).

Taking students outside the clinical world was integral to achieving this, with one community supervisor describing CSL as an "opportunity for students

Table 1. Years of involvement in CSL and demographic of focus by organization supervisors interviewed.

Interviewee	Years involved in CSL	Demographic Targeted by Organization
1	3	Mental Health
2	2	Diabetes
3	5	Addictions
4	2	Refugees
5	1	Mental Health and Substance Use
6	2	Acquired Brain Injuries
7	3	Low Socioeconomic Status
8	10	Inner City
9	6	Seniors

CSL: Community Service-Learning.

Table 2. Representative quotes discussing the needs of community organization supervisors in CSL.

Themes and subthemes	Representative quotations (Interviewee)
Theme 1: Perceived Benefits to Students in CSL	
Contributing to the development of future physicians	• The projects are great exposure to the theoretical and conceptual component but exposing these students to the community allows you to marry this with practical component and exposure to challenges see in the community (9) • Addiction is not a discriminatory phenomenon, it doesn't respect race, color, socioeconomic status; the students are exposed to a cross-section of people…and I think that is a wonderful experience for medical students to have this exposure (3)
Understanding community needs	• I developed an addictions-101 compacted course where we explain to students "here is what you need to know about the people you will be working with" before developing projects (3) • It was really important for students to know that they were working on something that was going to support the people in the community that we support as an organization (7)
Exposure to local community organizations	• I like sharing the programs with new people …having people come in and go "I didn't know this existed. This is really unique!" (1) • Students really benefit from understanding how organizations operate and developing self-awareness to see how organizations come together to help the people who they will care for in some shape or form (2)
Theme 2: Benefits to Organizations in CSL	
Extra hands to assist organizations	• They're really quick to do things and they're young and efficient…It's kind of an age thing. They know how to do work and they know how to sit down and be very task-orientated (5) • I think the benefit you know, it's always great having an extra set of hands around (1)
Work-dependent benefits	• These students have established something brand new that we have never done before that we can sink our teeth into and learn from (2) • I think depending on how you design your project, there can be very positive outcomes…we got this tremendous amount of benefit from the website they designed (7)
Learning from medical student's unique perspective	• Our clients are very interested and they feel that these medical students have something in particular to offer (5) • I try to find a gap that needed to be filled and recognise the medical students as having the expertise to fill them (9)
Theme 3: Barriers and Challenges in CSL	
Scheduling challenges	• I'm just not sure about pre-booking. It doesn't always work (5) • I'm used to negotiating dates with the volunteers themselves. It hadn't occurred to me that the university was going to provide us with pre-determined dates (4)
Motivating students to understanding the value of their work	• Student have different levels of motivation. You don't always get people who are extremely dedicated to it because they really want to do community health but rather because they have to (8) • I haven't heard from the students explicitly saying that it's a total waste of time, but I always kind of wonder in the back of my mind, are they getting the fullness of the experience I hope for (1)
Curriculum gaps identified by organizations	• We have a lot to learn from medical students in terms of what they are learning in their curriculum and how is it that we might be able to step up a little bit step and help advance their guidelines or curriculum for student education (2) • We need a session that would be aimed to being included in the medical school curriculum…to teach their peers and their successors about addiction and to have sessions that's specific to that (3)
Theme 4: Areas for Improvement in CSL	
Encouraging more dialogue between organizations	• It would be great to have round-table discussions about what other supervisors have done (4) • A starting point is bringing some agencies together…giving supervisors ideas for community development. We are very much stuck in our own little silos (6)
Increased flexibility or time commitment	• We do host other students and those who can spend some more immersed time with us tend to benefit more (2) • Sometimes having a bit of flexibility is nice so that they do benefit (1)
Clearer understanding of CSL and its role in a curriculum	• I'd like to know what were the gaps in the curriculum that prompted CSL (9) • Understanding the role of CSL in the curriculum will provided some structure in my mind of the expectations, kind of a roles and responsibilities thing, so this our role and our responsibility as an organization and this is your role and responsibility as the CSL student and this is your role and responsibility as the university" (7)

CSL: Community Service-Learning.

to see people through a different lens, stepping away from the clinical one" (Interview 1).

Understanding community needs

Community supervisors distinguished between exposure and understanding as a part of CSL. Some incorporated a teaching component, explaining that before developing work for the community, students must understand their needs. CSL was identified as an opportunity to narrow this gap:

> "As physicians, it's essential that they see trends in communities… [Medical students] are going to become leaders in the medical field. They can influence health policies. Physicians should fully understand the social needs and what communities wants… It's not only understanding the community, but policies behind them. As future leaders, our doctors should know these things" (Interview 6).

When asked about a community supervisor's responsibility in the CSL curriculum, many felt that allowing students to understand a community's needs was their duty:

> "We recognize a lot of our clients experience barriers to healthcare and [CSL] would be an opportunity for me to connect students with clients so they learn their needs. That's what I would hope they get from it …to consider the structural issues impacting healthcare… to see where gaps are (Interview 5).

Exposure to local community organizations

Community supervisors felt it was imperative students understand what services are available in communities, both as members of the community and future healthcare providers. An organization focused on diabetes education commented:

> "There's a lot of benefits for students to have exposure to agencies like ours and see how they end up impacting what is going to be their role in medical practice" (Interview 2).

Many even highlighted a "generational difference":

> "It's more of giving to this different "new" generations of physicians … they will be definitely superior to previous generations. They will understand the community, how it works and operates, they have more knowledge in understanding how a community can help in prevention" (Interview 6).

Benefits to organizations in CSL

While all community supervisors outlined benefits to students, they also uniformly highlighted their appreciation towards what students contribute to their organizations.

Extra hands to assist organizations

Phrases like "extra set of hands" and "more bodies helping" were regularly used among all community supervisors when probed on benefits to organizations. Three of them expanded on benefits of having "millennials" to help "who can come and help you edit photos or navigate stuff others might feel anxious about. Clients and instructors really appreciate having this extra set of hands" (Interview 1).

Work-dependent benefits to organizations

Beyond having extra help, many found students were equipped to contribute meaningfully, describing "positive outcomes", "improving efficiency", and "decreasing cost".

> "I have been very fortunate to have these students because they have delivered. They have been instrumental in producing and leveraging this work for us… CSL is really a win-win for both students and organizations" (Interview 9).

Two community supervisors discussed the benefit of social interactions in CSL:

> [Organizations] really benefit from seeing fresh faces. It's all part of encouraging social interactions as a social determinant of health … anytime we can build on connections we have, there's always benefit for clients" (Interview 5).

Learning from medical student's unique perspective

Community supervisors were aware of the reciprocal learning CSL offers. Medical students were viewed as "unique learners" in that they can learn from medical students and their organizations can incorporate medical perspectives to enhance services. One community supervisor highlighted their personal growth:

> "I personally learned a lot by coordinating this program and learned about Canadian health systems… I feel more confident providing health-related information to residents and know I can reach out to students if I need help" (Interview 4).

Community supervisors discussed the benefits of having "somebody from the health care world who can be resource person for [their] community" (Interview 5), highlighting the privileged position students are in and their ability to act as an assurance when accessing or developing resources and answering questions related to healthcare.

Barriers and challenges in CSL

Scheduling challenges

All community supervisors mentioned scheduling challenges:

> "I know there are specific days where they have to be in classrooms and then days they are onsite with us and that schedule- well doesn't always match up with the schedule our program runs" (Interview 1)

Student and community supervisor availability seemed to contribute to scheduling difficulties. All community supervisors are "volunteering their time in addition to [their] regular roles" (Interview 7) but they were also cognizant of students' time constraints, with comments including, "I'm very conscious of their time constraints because medical students are busy" (Interview 8).

Motivating students to understand the value of their work

Four of nine community supervisors made a remark on difficulties in motivating students to understand the value of CSL. One acknowledged that "their studies are ultimately their priority, but in terms of CSL, it felt like it was on the back burner for them" (Interview 1). Another also noticed this trend near the end of CSL saying:

> "[The program] was challenging towards the end because the momentum slowed down near the semester end, so there wasn't quite the same engagement" (Interview 7).

Curriculum gaps identified by organizations

There were some curriculum gaps identified by four community supervisors. When referring to discussions on addictions, one community supervisor noted:

> "Medical students are not as prepared as they might be. Not all [students] are properly trained in addiction, so when they walk out the door having done their training, unless they've had personal experiences, clients

complain that they are ignorant about addictions" Interview 3).

Some community supervisors referenced gaps in curricula that one can't one teach:

> "[Students] are offended that they're asked to take out the garbage or sweep floors because "that's not what they're there to do". What they don't realizing is that is exactly what they're here to learn about. Agencies are so financially strapped that if you do that, you help them tremendously" (Interview 8).

Areas for improvement in CSL

When asked to discuss their organization's relationship with the university, many described a positive relationship. Positive indicators of success included "frequent touching base and meetings with faculty" (Interview 1), "being accessible and available" (Interview 3), and "[faculty] continuously looking for feedback" (Interview 2).

Another described CSL as "one of the best partnerships [their organization] ... not many universities have this, so it's really appreciated. What is being done here has an impact on new generations of doctors" (Interview 6).

Nonetheless, community supervisors did have recommendations to improve CSL and address barriers and challenges discussed.

Encouraging more dialogue between organizations

All community supervisors referred to the potential benefit of networking with other organizations through community-academic partnerships. In their final assignment, HC-2 students present what they've learned at a poster forum held during their last session. When asked to comment on this event, one common subtheme among all community supervisors was the ability for this forum to be restructured to facilitate dialogue between organizations. The two community supervisors that enjoyed the forum mentioned it as a starting point:

> "Having a more interactive and substantial event allows for us to get together and learn about different initiatives in the community... a way to network with other organizations... having discussions around a table to learn what each of us is doing in our separate corners" (Interview 1).

Other suggestions included "having organizations come in and present themselves to each other, to students, and bridge that connection between

academics and organizations" (Interview 2), and the potential for this to "help with an environmental scan and see what other organizations are like ours...lessons learned with their practices, challenges, strengths...to network and learn from each other" (Interview 9).

Increased flexibility or time commitment

All except one community supervisor mentioned a more time-intensive or flexible schedule:

> "I like when students can be flexible with their time because when we first get the schedule, some assigned times and dates would never work with us" (Interview 9).

Other echoed this sentiment emphasizing that the more time committed, the more benefit to organizations and students.

Clearer understanding of CSL and its role in a curriculum

Although many community supervisors were conscious of their limited ability to commit more time, four addressed the need for increased clarity on how CSL fits within the medial education curriculum.

One community supervisor suggests:

> "It's useful to know how medical education was in the past, how it's working now and what's the need for [CSL]. I'm sure there's perceived needs for this program. Something I'd like to see is a panel discussion of what you're doing with [CSL]? How does it inform the curriculum?" (Interview 5).

Not only did community supervisors feel that this would help their understanding, but better understanding of CSL and its role in the curriculum would assist them in developing work for students:

> "It would be helpful if there was some advanced awareness for placements organizations of competencies that medical students are looking to fulfill in their learning needs and the what expectations for us as hosts" (Interview 3).

Discussion

As recommended by Cruz and Giles [15], our unit of analysis was the community-academic partnership perceived through the lens of community supervisors. Our study assessed community perspectives along four overarching themes: perceived benefits

to students, benefits to organizations, barriers and challenges, and recommendations for improvement of CSL.

Three subthemes were identified by community supervisors when discussing benefits for students. They believed their involvement contributes to developing future healthcare providers through exposure to diverse demographics. As well, they found value in informing the public on community needs. This parallels studies outside of medical education that assessed CSL programs, where community supervisors saw it as their mission to educate the public on community needs [18–20]. A third subtheme was the awareness of local community services by future physicians. Despite limited studies assessing physicians awareness of community services [24,25], frequently lack of knowledge of community services available call for educational initiatives to increase awareness [24,26]; community supervisors identified CSL as an opportunity to address this.

When discussing organizational benefits, community supervisors agreed the more hands available, the more efficient their organization. As well, the unique skillset of medical students allowed for their work to impress community supervisors. Developing websites, resource packages, client programs, and service-delivering platforms were among those outlined. Third, they found value in medical student's expertise. In contrast, studies assessing CSL outside medical education found that the privileged position of academic students sometimes provides a challenge in hosting them and may be "exploitative" to clients [18]. These studies did not assess CSL in a medical curriculum and thus, as highlighted by community supervisors in this study, this difference may be attributed to the unique perspective medical students offer.

Scheduling challenges was a common subtheme identified as a challenge in studies evaluating CSL programs [18,19] and also brought forward by community supervisors in this study. Two other unique subthemes emerged when assessing challenges in a medical CSL program. Despite being impressed with medical students' knowledge, community supervisors identified curriculum gaps. Increased opportunities for dialogue between community supervisors and students, especially at end-of-year forums, may help address this. Finally, there was a challenge in motivating students. Studies evaluating the value of novel learning strategies in medical education found that innovative methods, such as CSL empower students, by providing them

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with experiences that encourages critical thinking and problem-solving [27,28]. Students may find increased value in placements with better understanding on how CSL addresses competencies in their training.

For a positive relationship in community-academic partnerships, emphasis was placed on good communication between faculty, community supervisors, and students. Unlike other studies cited earlier [18,20], there was no criticism on the presence of interaction with faculty in this study. In these studies, "on-going collaboration with a faculty throughout the project's lifespan" was mentioned by community partners as an opportunity for improvement [20]; this is integral to the CSL curriculum at the University of Toronto and may explain this disparity in our study when evaluating the community-academic partnership from a community supervisor's perspective.

When discussing areas for improvement, more dialogue between organizations involved in CSL was highlighted. The end-of-year forum is an avenue to facilitate this. Community supervisors found academic institutions in a unique position, having connected organizations that otherwise may operate in their own silos. Networking opportunities through luncheons and round-table discussions are being discussed to be integrated and should be encouraged across CSL programs in medical education. Second, understanding how CSL fits in the curriculum was important for community supervisors to understand their roles and better contribute. Other studies did not assess this need but found community partner's strong self-identity as co-teachers warrants attention from academic institutions [20]. Finally, pre-determined dates have been described as compromising on the quality of experience because not all valuable experiences are within dates provided by faculty. Among solutions proposed, community supervisors suggested having students and them independently determine dates that better facilitate their community program schedules. Increased flexibility in restructuring the Mayo Clinic College of Medicine curriculum had increased medical student productivity [29]; CSL curriculum planning should be no exception.

The results of this study are not without limitations. Only one CSL program was studied due to the current limited integration of CSL in medical education. As well, given the unique nature of each program, multi-centered analysis of CSL curricula would be challenging to complete. Secondly, sample size was limited to nine community supervisors. Despite this, the sample was heterogenous in terms of years involved, demographic of focus by organization, and thematic saturation was reached. A third limitation is participant bias whereby community supervisors may feel obligated to paint a positive picture of their experience. To mitigate this, interviews were conducted by a third party not involved in curriculum development or the CSL program. Participants were also informed their participation was voluntary and they would not be connected by name or organization to findings.

In conclusion, community supervisors were able to describe benefits to both students and their organization through their community-academic partnerships in CSL with a medical school. Despite this, there is room for improvement in further facilitating community integration. Community supervisors need to be persuaded that medical schools are serious about building meaningful relationships. This starts by addressing their perceived challenges as discussed. Second, institutions must facilitate increased dialogue between organizations involved in CSL as well as increased dialogue between community-academic stakeholders by educating them on CSL objectives and its role in medical education. Organizations are viewing how the next generation of physicians is moving forward in embracing community and reciprocally, are eager to be involved in their education. This starts by embracing them into aspects of the curriculum and collaborating with organizations to be involved in medical education.

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Conflicts of interest

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Ethics approval

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Appendix 1: Interview guide for study assessing the needs of community organization supervisors involved in CSL

1. Could you start by telling me about your organization?

   - Probes:
     i. How long have you been in involved with the agency?

2. Why did you choose to get involved as part of the CSL placement?

   - Probes:
     i. Were you involved in initiating the relationship with the University of Toronto?
     ii. What was your initial reaction to getting involved as part of the CSL placement through U of T?
     iii. What do you think medical students need to know about community you serve?

3. Could you tell me about your experience as part of the CSL placement?

   - Probes:
     i. How long have you been in involved with the University of Toronto through CSL?
     ii. How was your experience working with medical students from the University of Toronto?

4. What aspects of the HC-2 program have you enjoyed?

   - Probes:
     i. Would you recommend involvement with the university to other community organizations?
     ii. Are you planning on getting involved in HC-2 for the upcoming year?

5. What are some of the challenges faced with acting as a supervisor?

   - Probes:
     i. How have your interactions been with medical students?
     ii. Do you believe that the university properly explained your role as part of the CSL placement?
     iii. Do you believe that the university properly trained you before beginning your role as community agency supervisor?
     iv. Do you believe that the university properly maintained contact with you during the CSL placement?

   v. Do you believe that the university properly followed up with you for feedback after completion of the CSL placement?

6. What aspects of the HC-2 program would you like to see change?

   - Probes:
     i. What advice would you have for the HC-2 course, if any, on how to improve communication with community organizations?

7. What are the benefits of the CSL placements? (if any)

   - Probes:
     i. What are the benefits to students involved? (if any)
     ii. What are the benefits to yourself and other community agency supervisors and employees? (if any)
     iii. What are the benefits to the local community? (if any)

8. [if not already addressed] Have you had a chance to attend the poster day presentations at the end of the year?

   - If yes:
     i. How did you enjoy the poster day?
     ii. What were aspects that you would change?

   - If no:
     i. Did you know about the poster session?
     ii. Is it something you would be interested in attending?

9. How can the poster day re-constructed (if at all) to better involve community agencies?

   - Probes:
     i. Is there something we can do or provide to make it beneficial?
     ii. Would you have an interest in presenting at the poster day?
     iii. Would having seminars on medical education be of interest to yourselves?
     iv. Do you think having annual luncheons with round-table discussions would be of interest?
     v. Do you feel that having awards (e.g. Celebration of Excellence in Community Engagement and Service Awards) for students and community supervisors would motivate teams positively?

[if time permits] Is there anything else you would like to tell us that we have not asked?