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# Qualitative analysis of regional campus stakeholders' perceptions of the benefits of community engagement for medical students

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## Abstract

### *Introduction*

Regional medical campuses are being established to meet the needs of the community with an emphasis on community engagement. Establishing relationships with community partners is a critical step in community engagement. Following the creation of a new medical campus, the purpose of this study was to conduct interviews with community stakeholders to gather their perspective on community needs as well as desired medical student characteristics.

### *Methods*

This study utilized a descriptive qualitative design inspired by grounded theory. A purposive sample was identified for semi-structured interviews that were audio-recorded and transcribed verbatim. Data analysis consisted of inductive thematic analysis with open line-by-line coding and theme identification.

### *Results*

A total of 31 community stakeholders were interviewed as part of this study. Thematic analysis of the interview transcripts yielded 3 themes related to desired medical student characteristics. These themes were compassion through perspective, effective communication, and value of the community-healthcare partnership.

### *Discussion*

Stakeholder interviews identified desired medical student characteristics while also detailing how community engagement in medical education can provide an opportunity for further development of these characteristics. Response to the stakeholder interviews has included adjustments to a longitudinal, community engagement course as well as increased efforts to build trust with minority populations. Further efforts to acknowledge community partnerships and effectively disseminate results of community engagement projects are needed to grow the connection between the regional medical campus and the local community.

Keywords for article: community engagement, undergraduate medical education, social determinants, rural, regional campus

*Disclaimers.* The views expressed in the submitted article are his or her own and not an official position of the Medical College of Wisconsin.

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## Introduction

Regional medical campuses are being established to meet the health care needs of their surrounding communities.<sup>1</sup> The mission statements of many of these medical schools emphasize a commitment to addressing workforce needs and leveraging local community partnerships.<sup>2</sup> In particular, faculty at regional campuses have opportunities to initiate mutually beneficial collaborations with a more geographically diverse set of community partners.<sup>3</sup> The ability to advance health care in these communities requires medical schools to commit to training physician leaders that are interested in practicing in these communities and adept at community engagement. It is therefore critical that regional medical campuses create meaningful relationships through true community engagement including bidirectional communication and the establishment of shared values.

The Medical College of Wisconsin – Central Wisconsin (MCW-CW) was founded in 2016 as part of the institution's effort to address the primary care physician shortage in northern Wisconsin.<sup>4</sup> The school aims to train physicians in northern Wisconsin with the goal of retaining community-engaged physicians in the area. These efforts align with the movement of academic institutions to become socially accountable, responding to the healthcare needs present in the area.<sup>5</sup> Addressing the physician shortage is an important step in social accountability, but academic institutions must also look to address the broad array of social determinants of health within the communities that they serve. In order to train future physician community leaders, it is important that MCW-CW establishes ongoing meaningful connections with the local community to understand the needs and values present in northern Wisconsin. Historically, there has been a disconnect between academic institutions and the populations that they engage with from lack of trust<sup>6</sup> as well as poor connection with community.<sup>7</sup> Initial community engagement efforts further strained relationships with the community by beginning research and interventions without the input of the community and without following-up to share the research findings.<sup>8</sup> However, new models of community engagement seek to better engage the community from problem identification, solution planning, and allocation of resources.<sup>9</sup> The long-term sustainability of community

engagement interventions has been shown to be successful with utilizing existing community organizations and resources led by trained community leaders.<sup>10,11</sup> These strategies represent the positive shift in community engagement by academic institutions to more effectively involve the communities that they serve in the development and implementation of programs and identification of desired outcomes.

Research in effective community engagement has shown that identifying community priorities and understanding community assets is a critical initial step in fostering connection with the community.<sup>12</sup> In the spring of 2019, MCW-CW graduated its first class in its accelerated three-year curriculum and was committed to continuing to find ways to engage with the local community. Forming connections with community stakeholders and incorporating their values into medical education was a priority to facilitate effective community engagement. Previous research has shown that interviews are an effective means for connecting with community stakeholders and gaining their perspective.<sup>13</sup>

The purpose of this study was to build connections with community stakeholders and conduct standardized interviews focused on identifying what traits stakeholders valued in medical students as well as to identify potential community partnership opportunities for the medical students to help address specific community needs.

## Methods

### *Study setting and methodology*

Interviews with community stakeholders were conducted in June and July of 2019. All study procedures were approved by the MCW Institutional Review Board (IRB) prior to implementation according to IRB protocol PRO00028890. A list of community stakeholders selected for interview invitation was compiled through a combination of professional and personal contacts of faculty at MCW-CW. There is no consensus on a singular method for selecting community members for community engagement research with prior work suggesting personal and professional contacts can be used with the goal of incorporating a broad array of perspectives.<sup>12</sup>

Stakeholders were contacted with an IRB approved recruitment email from the MCW-CW faculty member

explaining the school's desire to promote community engagement with an invitation to participate in a one-hour interview. Community members, who expressed interest in participating in the interview, were contacted by a research intern to schedule the interview at their earliest convenience. The research intern had no prior relationship with the medical school but did reside prior to college in the local community. Steps were taken to minimize bias by the intern, including utilizing a standard question set for each interview as well as ensuring no previous personal or professional relationship between the intern and community stakeholders.

Stakeholders were given the opportunity to select the location for the interview or to have the interview conducted virtually in Zoom. Signed, informed consent of each community member was obtained prior to the start of their respective interview. Semi-structured interviews consisted of an IRB approved set of open-ended questions designed to understand their perspectives and drivers for interacting with the medical school (Appendix 1). Audio of the interviews was recorded with an iPad for further analysis. Upon the conclusion of the interview, community members were asked to complete an anonymous demographics survey through Qualtrics. Audio recordings of the interviews were transcribed by the research intern for further analysis and all personal identifiers were removed.

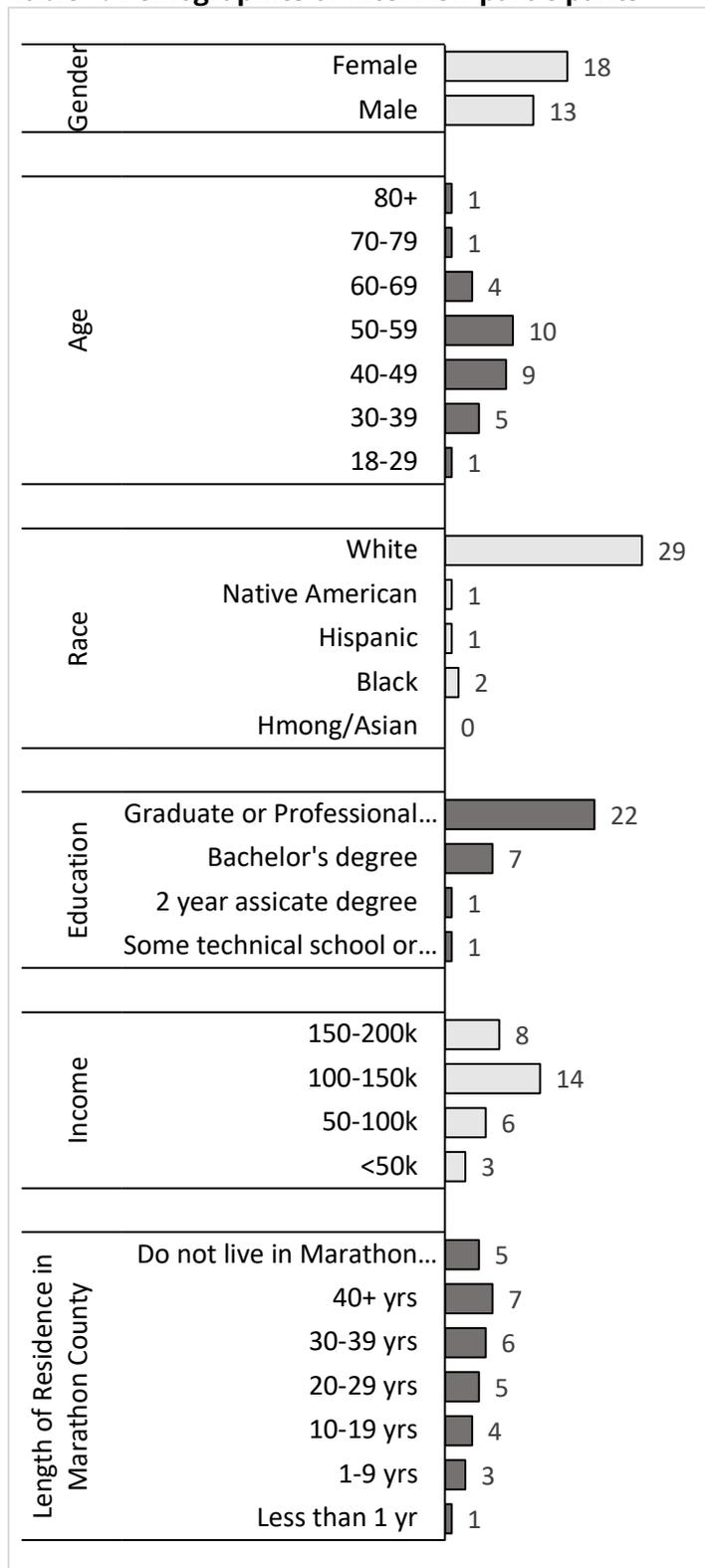
#### *Coding of qualitative themes*

The transcripts were reviewed and open coded by the authors, summarizing the salient attributes of the data. The coders included one faculty member who grew up in the community, one external faculty member, and the research intern. The coders constantly compared data from the participants and identified core categories and themes with illustrative quotes. Codes were presented to community members as part of an annual poster event to gather additional input.

## **Results**

Of the 84 individuals identified as part of the purposive sample, 31 opted to participate in an interview and Table 1 summarizes the characteristics of those that chose to participate in an interview. This number of interviews allowed us to reach data

saturation of themes. There were slightly more female participants and most participants fell between 40-50 years of age. 88% of participants were white and 94% had earned a bachelor's degree.

**Table 1. Demographics of Interview participants**

Several important themes were identified from the interviews with the local community members around what they valued in their physicians. There was

general recognition that the medical school would provide the trainees with the requisite medical knowledge to become competent physicians. The participants viewed the additional community engagement in the medical school curriculum as an opportunity for students to become equipped to enter their clinical practice prepared to meet the needs of the specific communities in which they select to practice.

#### *Theme 1: Compassion through Perspective: Challenging Personal Bias*

The first theme evident throughout the interviews was that community engagement helps to create compassion in students through exposure to the local community (Table 2). Exposure often is necessary to challenge personal biases and give new perspective to the experiences of another person. Participant 21 indicated that, "Challenging bias is I think it's a real helpful thing. I think a lot of times when you get involved in volunteer work, Social Service work, you really get confronted with your own biases that are part of your upbringing or socialization. I think it is important to challenge those." This quote demonstrates that involvement in community engagement can broaden students' perspective and challenge personal bias that may be unconsciously present based on their previous life experiences. Having an understanding of the unique circumstances that people face allows for a more wholistic approach to providing care. Participant 22 remarked that, "I would want my provider to be able to understand my specific circumstances and situation...just because I am a diabetic does not mean that I am the same as the other five diabetics they may have seen today. I might have unique issues." This quote exemplifies the need for understanding personal experiences and treating individual needs rather than generalizing treatment based on personal bias. Exposure to broader community needs is also important to challenging bias. Participant 17 indicated that, "The broader the exposure to the community, the more apt student or any individual would be willing to open up to it." Immersion in community engagement reveals the areas of need within the local community which helps to increase students' comfort level working with patients who experience these needs.

### Theme 1: Compassion through Perspective: Identifying Barriers

Community engagement allows for an understanding of the interplay between cultural environment and behavior. Participant 16 indicated that, "It hopefully broadens their understanding that people are creatures of habits, and that our environment supports the behaviors that we do that are either helpful or not helpful...unless you see what people's world that they're living in, unless you come from that experience, you have no idea what the barriers are." This quote acknowledges that personal behaviors are influenced by the community and also describes a critical component to students gaining perspective: identifying barriers. Socioeconomic barriers are present throughout any community, but community engagement can help expose students to the cultural barriers unique to the local community. Participant 8 remarked that, "There are also so many cultural topics that need to be exposed. Within the Hispanic population...the Hmong population...the Caucasian population...knowing how some of their traditional aspects of healthcare, you can understand where they are coming from when they refuse to do aspects X, Y, and Z of treatment because of their cultural beliefs." Community engagement can challenge personal biases on cultural differences and give students perspective into the beliefs of the specific population they are serving.

**Table 2. Theme 1: Compassion through Perspective**

Quote	Code	Category	Theme
They understand what is going on in the community that their patient lives in. You have to have your finger on the pulse. (Participant 13)	Exposure to Community Needs	Challenging Personal Bias	Compassion through Perspective
I would want my provider to be able to understand my specific circumstances and situation. Going back to the diabetes example, because I am a diabetic does not mean I am the same as the other five diabetics they may have seen today. I might have unique issues. (Participant 22)	Treating Individuals Rather than Generalizing		
I think that they get a different perception, they learn some of the obstacles that some of the people they plan on serving are experiencing (Participant 3)	Obstacles to Adopting Healthy Behaviors	Identifying Barriers	
Even in the rural areas you have the different sort of classes of families. It's sort of plays out in a very similar way. We do have a fairly significant Amish population, they have different experiences. We have a significant Hmong population and we try to work very closely with them as well. They experienced different barriers around communication, transportation here is especially difficult. (Participant 22)	Cultural Differences by Population		

### Theme 2: Effective Communication: The Doctor-Patient Relationship

The second theme present throughout the interviews was that community engagement can allow for the

development of effective interpersonal communication skills (Table 3). The first step for establishing doctor-patient rapport is listening. Participant 24 said, "Rapport, a level of friendliness, the ability to feel like I am being heard...to feel like my doctor is present in the room, is listening to my concerns, and is trying to listen to my point of view instead of going through a checklist." Taking the time to listen to patients is not just about gathering information, it is about making patients feel that their needs are heard and valued. Participant 24 continued, "It is very important to me to have someone who listens, and who values me as a knowledgeable patient." Effective communication in the doctor-patient relationship requires listening to build rapport, but also a willingness to address difficult topics. Community engagement allows students to engage in meaningful dialogue with community members to prepare them for having difficult conversations. Again Participant 24 said that, "They are going to have a better understanding of what is really going on, what are some of the struggles and challenges, the ability to be more comfortable asking the questions that need to be asked." The doctor-patient relationship requires the ability to communicate with patients to both educate them of their conditions but also motivate them to pursuing healthy behaviors. Participant 13 indicated that, "It isn't just diagnosing and treating a problem, it is how you can communicate and educate this patient to ensure that they are developing good, healthy habits." Community members identified that effective communication and education begins with the language used by physicians. Participant 14 said that, "It is a skill to be able to take your technical jargon and language that you use as a physician and be able to explain it at a layperson's level. I think it is an important thing because it reduces fear and helps people understand."

### Theme 2: Effective Communication: Communication with the Community

Interpersonal communications skills were identified as an important takeaway from community engagement experience in medical school, but a community engaged physician must also be able to participate in community discussion to recognize and address social determinants of health and facilitate change. Community engagement projects require

students to network with members of the community to address local areas of need. Participant 14 remarked that, "Being able to network and meet people within the community...the learning component of societal issues that are going on, the ability to work on the societal issues, find solutions to them." Being a part of finding solutions can mean using the respect and leadership that is given to physicians to bring about change. Participant 1 said that, "I just think that's such an important aspect of future leaders...to just understand a larger aspect of what makes up a community and what the community is passionate about and what their needs are." Partnering with community organizations can be pivotal in addressing local needs, but the interviews demonstrated how broader communication can help bring awareness to specific improvement projects. Participant 10 said that, "Just getting the media involved. The students that are doing these projects need to know how to advocate for themselves...to show what they are doing and why." Community engagement projects prepare students to be involved in the community and utilize their position of leadership to advocate and bring about meaningful change.

**Table 3. Theme 2: Effective Communication**

Quote	Code	Category	Theme
You feel heard, you feel understood, you feel that you are actually being cared for. Obviously do I feel like they need to have medical knowledge, yes. But I think initially to build a rapport, the soft skills are most important. (Participant 20)	Listening for Understanding	Interpersonal Communication	Effective Communication
They are going to have a better understanding of what really is going on, what are some of the struggles and challenges, the ability to be more comfortable asking the questions that need to be asked. Not judging when somebody comes in. The more familiar you are with some of the stuff that is going on in regards to kids and families, it is going to make them better physicians. (Participant 24)	Asking Difficult Questions		
I just think that's such an important aspect of future leaders know in the community to just understand a larger aspect of what makes up a community and what the community is passionate about and what their needs are. (Participant 1)	Listening to the Community	Communicating with the Community	
Being able to network and meeting people within the community. Especially if they are going to be staying in the community, it'll be good to have a network of people that they can call on in their career. There is always the learning component of societal issues that are going on, the ability to work on the societal issues, find solutions to them. (Participant 14)	Networking to Address Challenging Problems		

### *Theme 3: Value of Community – Healthcare Partnerships: For the Student*

The third theme that was present throughout the interviews was the value that community engagement will bring to both the student and community (Table 4). Community engagement can serve as an opportunity for students to broaden their knowledge beyond what is possible in the classroom. Participant

21 said that, "Medical education has traditionally always been fairly insular And highly controlled. What you may see, is what you would see coming through your clinic or through the emergency room, or coming through wherever you are working. There is a whole Community out there that you don't necessarily get exposed to." This quote exemplifies the idea that community engagement in medical school adds significant value to medical student education by giving them exposure to patients and their lives beyond what comes in through the hospital doors. It also shows them community-based resources that are available to help meet the needs of their patients that can't be solved with medicine or testing. Participant 22 indicated that, "I think it will help them realize that there are a lot of resources outside of institutional walls that they will be able to tap into in their practice to help the populations that they decide to serve." Practicing as a community engaged physician means being connected with community partners and utilizing their strengths to improve patient care.

### *Theme 3: Value of Community – Healthcare Partnerships: For the Community*

Medical student community engagement has the potential to make significant impact within a local community. The first step in making this impact is simply having medical students present in a rural community. Participant 17 remarked that, "I think just in general... having the potential of new Young Professionals in the area themselves. I think they bring a sense of success in our community as far as retaining, keeping, and getting young professionals here and the greater Wausau Area." Community members also benefit from the partnerships that are possible through community engagement projects. Participant 1 said that, "...to be a part of different events and have been able to connect our nonprofit group with other community leaders. That's been very effective and very helpful and just helping us connect with the right leaders in the community." Connection with medical students and an academic center can provide the extra resources and bandwidth that local organizations can utilize to advance their efforts in the local community. This includes research and evaluation of current practices as well as disseminating the information back out into the community to help raise awareness for local

needs. Participant 26 said that, “I can't even tell you how differently I think and feel about those diseases (addiction) and about that program today as I did before 2016.” This quote exemplifies the impact that education in the community from a community engagement project can impact community perspective and inspire action toward addressing the need in the local community.

**Table 4. Theme 3: Valuing of Community – Healthcare Partnership**

Quote	Code	Category	Theme
I think it will help them realize that there are a lot of resources outside of institutional walls that they will be able to tap into in their practice to help the populations that they decide to serve. Participant 22	Addressing Individual Social Determinants	Value for Student	Valuing of Community – Healthcare Partnership
They get to know the area where they will come back to practice and live. They get to see what's going on both the good and bad. To become a partner in the community, become a member if you want to call it that. Participant 25	Sense of Belonging to the Community		
you didn't realize a lot of the stuff is here. When you actually see it, it is a jolt of reality. It is shocking. It is very sad, but the city has tried to get it more involved as far as trying to help out. It goes back to the collaborative effort with Medical College. I think it is a godsend for our area. Participant 25	Knowledge Empowering Change	Value for Community	
I have been able to connect our nonprofit group with other community leaders. That's been very effective and very helpful and just helping us connect with the right leaders you know in the community. Participant 1	Facilitated Connection with other Organizations		

## Discussion

Establishing a regional campus with a community engagement mission requires involvement of the local community from the very beginning. Even before the first class matriculates, conversations with community leaders can not only assist in assessing community buy-in and expectations, but also establish relationships that are crucial to ongoing mutual understanding and support, which is particularly important in communities without previous exposure to a medical school. The stakeholder interviews conducted as part of this study were done in the summer after the first class of students graduated, enabling conversations with a broader swath of people in the community after they had had exposure to and opportunities to interact with medical students and a variety of faculty. Stakeholders were able to share desirable characteristics of future physicians in their community and discuss what they saw as potential barriers to them developing these qualities. The interviews also revealed opportunities for the regional campus to enhance its community involvement and engage to help address needs from the eyes of the community rather than through the

perspective of a newly established academic institution.

Previous studies have demonstrated the impact of researcher identities and positionality on community research processes.<sup>14</sup> It is critical that consideration is taken to minimize the positionality difference between interviewee and interviewer to ensure community members are given every opportunity to share their honest thoughts and opinions without feeling influenced by an imbalance in power. This study utilized a research intern to perform stakeholder interviews to help minimize positionality differences and allow for honest community member feedback.

Given the nature of using interviews as a data source for qualitative research, collection and analysis must be conducted in a systematic manner. A grounded theory approach was taken to inductively learn more about the relationship between the community and the medical school.<sup>15</sup> As such the data collection and analysis occurred simultaneously and pre-existing conceptualization was not used to develop categories and analytic codes from the data. It was critical for the group to meet several times over several months to have an opportunity to break the data into conceptual components and iteratively reflect and fine-tune the interpretation.

Coding of the interviews with all 31 community stakeholders led to several themes coming to light regarding desirable traits in future physicians including compassion through perspective and effective communication. Some of the community members who had engaged with medical students see themselves as contributors to the development of these traits. Participant 11 stated that, “If we can train them, and they are community and they know our culture and all the patients and community members that we serve, that is an added value for us.” Importantly, it has been noted in the literature that just learning “about” social determinants of health in the classroom is not enough. Truly immersing medical students in the community gives students a better sense of conditions to be challenged and changed rather than approaching social determinants of health and “wicked problems” solely as facts to be known, and deepens collective understanding of power, privilege, and imbedded inequities.<sup>16</sup> Having the most community-engaged medical students in the country was a charge issued by our

founding dean as our regional campus opened. MCW-CW aims to train future physicians to not only be excellent clinicians in rural communities but to also impact their patients beyond the clinic. We are using themes and insights that emerged from the interviews not only to better establish a shared vision with our community, but also to serve as the foundation for augmenting design and implementation of curriculum and programming that centers student and faculty engagement with the needs of diverse communities in northern Wisconsin (Table 5).

The stakeholder interviews demonstrated that community members believe there is immense value in having physicians engaged in their communities. Through the required two-year Physician in the Community course, our students learn from a multipronged approach that includes didactic presentations by community members, going out into community “classrooms”, developing a longitudinal community-based scholarly project with a community mentor, associated service activities, and providing tools and opportunities for dissemination of results and advocacy.<sup>17</sup> The Physician in the Community course was seen by the interviewees as a robust opportunity to develop the character traits they desired most in their future physicians including compassion through perspective and effective communication. At the end of the Physician in the Community experience, after consultation with their community mentors, students share the results of their projects with the community through a video reflection as well as an academic poster, and there is an annual public Showcase event. Student posters have also been presented regionally and nationally. Our community engagement programming begins even before students’ matriculate. MCW-CW has worked with community partners to create robust pipeline programs prioritizing local underrepresented populations. Additionally, MCW-CW’s admissions process includes diverse community stakeholder participation in selecting our new students. Community members partake in a panel interview of applicants and are encouraged to focus on characteristics and experiences that are important to them. They are able to bring the perspective of both a patient as well as a current community member to assess how well a potential applicant might fit community needs. The Medical College of Wisconsin –

Central Wisconsin has the desire to train physicians who will continue to serve in rural communities, and including stakeholders in the recruitment and interview process gives the community a chance to select their desired providers of the future. Previous research in community engagement has demonstrated the need for continued efforts to maintain relationships with community members after conducting initial interviews. These efforts should include regular communication, acknowledgement of stakeholder contribution, and responsiveness to stakeholder input.<sup>18</sup> The faculty at MCW-CW have taken steps to maintain relationships with community stakeholders through longitudinal partnership with medical student community engagement projects. These projects facilitate regular interaction with students and faculty, and they serve as an avenue for community stakeholders to utilize resources that may be available through the medical school to assist in their goal-directed programming to advance the health of individuals and their communities. Projects also highlight both student and community stakeholder efforts and offer a way for local programs to display the work that they are doing in the community and to create sustainability and shared collective impact. Additionally, diverse community stakeholders are invited to serve on the Physician in the Community Advisory Board which meets annually to discuss proposed student projects, allocation of financial assistance for these community projects, and community-engagement ideas and feedback.

Community relationships enabled impactful collaborative action during the pandemic. Existing disparities were exacerbated, and local Hmong and Hispanic communities were particularly vulnerable to negative health, educational, and economic impacts of COVID-19. In response to existing communication barriers, MCW-CW faculty worked with a public policy institute to assemble a network of concerned community partners to strengthen communication channels and facilitate regular information exchange between public health, health systems, resource agencies, and Hmong and Hispanic communities through a network of Community Health Workers (CHWs). MCW-CW faculty and students worked with CHWs to give vaccinations at churches, community centers, farms, small businesses, community events,

and schools. Additionally, through community collaboration, MCW-CW faculty and students have been involved in development and delivery of education sessions for CHWs, assistance with data collection and analysis, support for meeting basic needs in communities, and facilitating access to health insurance and health care through a bilingual CHW Health Navigator team.

In this study, we utilized community member interviews to serve as the data source for identifying desired characteristics of future physicians and highlighting community perspectives about the importance of community partnerships in improving health. A limitation in our study is the lack of diversity present in the interviewed population. This is evidenced by the predominantly white, well-educated, and upper-middle class income community members that were interviewed. Marathon County is nearly 90% white, but 6% of the population is Asian with a significant portion of that being the Hmong population, and there is a growing Hispanic population, particularly in rural areas.<sup>19</sup> Although Hmong individuals received our recruitment email, we did not have any Hmong individuals complete the interview process.

Several of the community members who were interviewed serve in leadership roles of outreach organizations, but this does not substitute for the direct knowledge and experience that more diverse individuals would provide. Building trust takes time and walking the talk. As noted above, since the interviews in summer 2019, MCW-CW faculty have made significant strides in more effectively engaging Hmong, Hispanic, and rural communities through the H2N project and pipeline programming for young people from Hmong, Hispanic, and rural backgrounds.

Future directions: There are increasing calls for civic health to be more formally incorporated into medical school curricula since these interventions can improve both patient care and student experience. Civic health refers to the ability of communities to organize and collectively address problems that affect well-being through democratic processes. We have plans to partner with a public policy institute to develop our civic health training as part of the Physician in the Community course to help enable students to play an important role in promoting

community engagement and empowering patients and communities to enact change.

**Table 5. Strategies implemented to promote regional campus and community engagement**

Pre-matriculation	Network	Consult	Involve	Collaborate	Empower
Partnership on recruitment and pipeline efforts	Medical students do site visits at local programs addressing community priorities.	Students develop a project in partnership with a community mentor.	Students engage with community in local events and programming.	Students co-lead and organize community events with financial support from institution.	Students deliver poster presentations and videos to reflect on their journey.
Community members interview and select medical students.	Community members pitch projects to students.	Community panels share perspectives during teaching sessions.	Community members review student projects.	Community partners use resources and results generated by students.	Disseminate results through partner organizations and conferences.

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**Appendix 1.** A Semi-structured Key Informant Interview Guide on Community Engagement

A goal of the Medical College of Wisconsin-Central Wisconsin campus is to be a leader in community engagement. To help achieve this goal, we are collecting input from our community stakeholders about how we can best partner to improve our local community's health.

1. Describe your relationship with the medical school. Why did you choose to be engaged with the medical school?
2. What value does MCW-Central Wisconsin bring to the community?  
Describe positive or negative effects related to putting a medical school campus in Wausau.
3. What are local health challenges that the medical school can help to address?
4. How can the medical school help your organization to meet its mission?
5. What benefits and challenges does collaborating with MCW-Central Wisconsin bring to your organization?
6. Describe an experience you've had partnering with the medical students/staff/faculty.
7. What are the benefits for the medical students of being involved in community-based projects?
8. What skills would you like students to gain through partnership with your organization?
9. What topics important to the community should medical students be exposed to?
10. How can MCW recognize and retain your partnership?
11. How best can MCW-Central Wisconsin disseminate information back to the community?

12. What outcomes will let us know that the medical school is successful?