

Best Practices for Community-Engaged Learning (CEL) in the Health Sciences:

A Guide for Instructors



UNIVERSITY OF
TORONTO

Centre for Community
Partnerships

ABOUT THIS GUIDE

This guide brings together the results of consultations with a working group of University of Toronto faculty, students, and staff, as well as staff of community organizations on Best Practices for Community-Engaged Learning (CEL) in the Health Sciences.

The guide reviews the academic literature on CEL in the Health Sciences at post-secondary institutions in Canada and the US across the range of Health Sciences disciplines; synthesizes CEL trends in the Health Sciences; and offers recommended best practices grounded in the expertise of the working group and the recent literature. The guide offers examples of courses at the University of Toronto that are partnered with non-profit, grassroots and/or public organizations, and serves as a resource for faculty to facilitate meaningful and equitable CEL experiences in both clinical and non-clinical courses and programs.

ABOUT THE CCP

At the Centre for Community Partnerships (CCP), we collaborate with community partners, students, faculty, and staff to advance community-engaged learning and research (CEL/R) through building community, enhancing capacity, and learning together. Through CEL/R, we aim to cultivate communities that are rooted in reciprocity, equity, and solidarity and contribute to positive social change. As a tri-campus Centre of Excellence, we provide training, convene networks and communities of practice, develop resources, share knowledge and experience, and offer consultations to develop, deliver, and enhance CEL/R initiatives across the University of Toronto.

www.communitypartnerships.utoronto.ca

ACKNOWLEDGEMENTS

In the Winter of 2023, the CCP, in collaboration with the Temerty Faculty of Medicine at the University of Toronto convened the Best Practices in the Health Sciences Working Group (BPHS WG) to develop best practices for CEL in the Health Sciences. The project was initiated by Fok-Han Leung (Associate Professor, Temerty Faculty of Medicine) and Roxanne Wright (Former Experiential Learning Lead, Temerty Faculty of Medicine), and we are grateful to all members of the Working Group for their time and contributions.

WORKING GROUP MEMBERS:

Khadija Ali

(Former) Student, Master of Public Health, Dalla Lana School of Public Health, University of Toronto

Michelle Arnot

Professor, Teaching Stream, Department of Pharmacology and Toxicology, Temerty Faculty of Medicine, University of Toronto

Becca Buttigieg

Day Program Manager & Program Coordinator, The Second Mile Club of Toronto, Kensington Health

Brandi Deimling

Manager, Government & External Relations, Ontario Veterinary Medical Association

Marvin James

Director, Office of Experiential Education, Leslie Dan Faculty of Pharmacy, University of Toronto

Fok-Han Leung

Associate Professor, Temerty Faculty of Medicine, University of Toronto

Eileen McKee

Assistant Dean, Field Education, Factor-Inwentash Faculty of Social Work, University of Toronto

Chase McMurren

Assistant Professor & Indigenous Health Theme Lead, Department of Family & Community Medicine, University of Toronto

Patricia O'Campo

Professor, Dalla Lana School of Public Health, University of Toronto

Sofia Pazmino

Acting President of the Board, Oasis Dufferin Community Centre

Suzanne Sicchia

Associate Professor, Teaching Stream, Department of Health and Society, University of Toronto Scarborough

Franco Taverna

Associate Professor, Teaching Stream, Human Biology Program, Faculty of Arts & Science, University of Toronto

Roxanne Wright

(Former) Experiential Learning Lead, Temerty Faculty of Medicine; (Current) Manager, Program Development & Delivery, Continuing Education, University of St. Michael's College, University of Toronto

CCP STAFF CONTRIBUTORS:

Shannon Black, Ph.D.

(Former) Lead Coordinator, Academic Initiatives; (Current) Faculty Liaison, Pedagogical Support, Faculty of Arts & Sciences, University of Toronto

Heather Hermant, Ph.D.

Lead Coordinator, Academic Initiatives

Michelle Christian, Ph.D.

(Former) Program Associate; (Current) Program Coordinator, Centre for Global Health, Dalla Lana School of Public Health, University of Toronto

Tasya Nathanael

(Former) Program Assistant, Academic Initiatives; (Current) Coordinator, Student Services Hub, University of Toronto Mississauga

TABLE OF CONTENTS

- 1 Introduction to Community-Engaged Learning (CEL)
- 4 CEL in the Health Sciences
 - 4 A. Introduction to the literature
 - 6 B. Case studies and findings
 - 9 C. Areas for future study and ways forward
- 10 Best Practices for CEL in the Health Sciences
 - 11 A. Faculty Development
 - i. Leave considerable time for preparation
 - ii. Self-educate and self-reflect
 - 13 B. Curriculum Development
 - i. Identify course objectives and student capacities
 - ii. Match your course model to your learning outcomes
 - 15 C. Relationship Development
 - i. Reach out early to community partners as your co-educators
 - ii. Recognize your community partners
 - iii. Sustain relationships beyond the course
 - 19 D. Student Development
 - i. Prepare students in advance
 - ii. Equip students with reflection skills
 - 22 E. Troubleshooting & Evaluation
 - i. Nurture flexibility and communicate troubleshooting protocols
 - ii. Seek feedback, assess and re-design
- 24 Course Examples
- 29 Recommended CCP Resources & How to Contact the CCP
- 30 References

INTRODUCTION TO COMMUNITY-ENGAGED LEARNING (CEL)

Community-Engaged Learning (CEL) is a form of experiential learning (EL). As in EL, in CEL “educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, clarify values, and develop people’s capacity to contribute to their communities” (Association for Experiential Education, n.d.). CEL is a distinct type of EL that takes place in partnership with non-profit, grassroots or public community organizations with the goal of cultivating reflexivity, civic engagement, and social justice activism (Britt, 2012; Vincent et al., 2021).

In CEL, students and instructors collaborate with members of a particular community or community organization on initiatives that meet community-determined priorities, while enhancing students’ disciplinary knowledge and their sense of social and civic responsibility (Experiential Learning Hub, 2020). For this reason, CEL, like EL more generally, is widely recognized as a “high-impact practice” for increasing student engagement, retention, and learning outcomes (Kuh, 2012 [2008]).

CEL is often referred to in academic literature as Service Learning (SL), and sometimes as Service Learning/Community-Engaged Learning (SLCEL) or Community-Based Service Learning (CBSL). Critical Service Learning (CSL) and Critically Engaged Civic Learning (CECL) are newer terms that challenge CEL practitioners to foreground power relations, equity, anti-oppression, social

justice commitments, and community building (Mitchell, 2008; Santiago-Ortiz 2019; Mitchell & Rost-Banik, 2020; Vincent et al 2021). For some, CEL has become “an encompassing ‘umbrella’ term for community-university interactions” (Lund & Bragg, 2020, p. 33).

At the Centre for Community Partnerships, we consider a course or initiative to be CEL if it meets four criteria. A course or initiative is CEL if it is at once:

Enabled through partnerships with **communities or grassroots, nonprofit, or public organizations**

Responsive to **community-defined priorities**

Rooted in **reciprocity**, where community partners and students all benefit from the engagement

Supported by **reflection**, where students connect community engagement to defined learning objectives

(Centre for Community Partnerships, 2024)

CEL does not involve partnering with for-profit businesses or the private sector which makes it distinct from internships or work-integrated learning (WIL) placements. In vocational placements like internships, practica, and WIL opportunities, the emphasis is on students as primary beneficiaries in terms of their professional development and employability, whereas CEL strikes a balance between an emphasis on community partners and on students as primary beneficiaries (Furco, 1996; Brabazon et al., 2020). CEL involves a relationship based in reciprocity that can take different forms over the course of the engagement and is designed to meet community-determined objectives and student learning objectives. With reciprocity, both community partners and students might give or receive a benefit, transform each other through collaboration, and/or generate new ways of acting and being together (Dostilio et al., 2012).

CEL has been described as “a pedagogy of action and reflection” (Howard & Rhoads, 1998). Indeed, reflection is a core practice of CEL that creates a space for students to make meaning of their experiences (Bringle & Hatcher, 1999). A reflective practice that is iterative and continuous has been shown to have lasting impacts on students’ identity formation throughout their

degrees (Mitchell et al., 2015). As a critical pedagogy and practice, reflection “stimulates learners to integrate experience and observations with existing knowledge, to examine theory in practice, and to analyze and question their a priori assumptions and beliefs” (Jacoby, 2015, p. 5). In CEL, reflection offers an avenue to generate, deepen and document learning (Ash and Clayton, 2009). Importantly, because of the historically unequal power dynamics between communities and post-secondary institutions, there have been calls to move towards anti-colonial and anti-oppressive practices that build solidarity rooted in community self-determination, social change and justice for communities as intentional goals of CEL (Mitchell, 2008; Santiago-Ortiz, 2019; Mitchell & Latta, 2020; Mitchell & Chavous, 2021; Vincent et al., 2021).

CEL IN THE HEALTH SCIENCES

A. INTRODUCTION TO THE LITERATURE

CEL has grown significantly across Health Sciences disciplines, including in Social Work, Dentistry, Epidemiology, Geriatrics & Gerontology, Kinesiology, Life Sciences, Medicine, Nursing, Nutrition, Occupational & Physical Therapy, Pharmacology & Toxicology, Pharmacy, and Public Health, among others. Likewise, the academic literature on CEL in these disciplines continues to grow. Both the practice of CEL in the Health Sciences, and the literature about it, encompass clinical and non-clinical programs and initiatives.

For this guide, we consulted over 100 publications from the last three decades (1996 to 2024) of literature on CEL in a range of Health Sciences courses and academic programs. While there were valuable studies from around the world in areas such as Global Health CEL, based on the teaching contexts and affiliations of the working group members, we limited our review to English-language studies on Health Sciences CEL at post-secondary institutions in Canada and the United States.

In much of the literature we reviewed there is consensus on the broader benefits of CEL. CEL provides learners with opportunities for knowledge application and skills development outside of the classroom (e.g., Alexander et al., 2020), much like the professional practica and placements that are signature pedagogies in many Health Sciences disciplines (Lund & Bragg, 2020, pp. 47-8). In addition, for clinical programs, CEL helps to fulfill professional requirements, such as training in the core competencies recommended by major governing bodies and healthcare associations (e.g., Sevin et al., 2016; Brown, 2017; Mackenzie et al., 2019; Howell et al., 2021;

Thaivalappil et al., 2023), and contributes to a “socially accountable” model of Health Sciences education (Strasser et al., 2018).

In the early academic literature of the field, CEL was recognized as an innovative pedagogy with the potential to transform Health Sciences education. As argued in several foundational studies, CEL offers greater possibilities for interdisciplinary, interprofessional collaboration in Health Sciences fields (Connors et al., 1996) and deeper engagement opportunities for disciplines, like Nursing, that are already more “service-oriented” (Norbeck, et al., 1998, p. 6). Other studies had introduced CEL as an effective way to demonstrate the “public purpose” of fields like medicine when integrated into academic curricula (Elam et al., 2003, pp. 194-5).

While many Health Sciences programs have always incorporated field experience through engagements like practica and internships, early CEL advocates argued that CEL goes beyond conventional training models in how it prepares students to become professionals embedded within communities. If what Sarena D. Seifer calls “traditional clinical education” primarily trains students to acquire technical skills, CEL, in both clinical and non-clinical programs, combines active reflection with social action and healthcare advocacy (Seifer, 1998; Seifer et al., 2000; Seifer, 2002; also Gelmon et al., 1998, pp. 100-1). Other advocates have added that CEL, when integrated into Health Sciences courses, contributes to a more informed and health literate public (Cashman & Seifer, 2008).

More broadly, CEL can shift power dynamics between communities and post-secondary institutions. Because CEL prioritizes reciprocity, communities are not defined by “needs” identified by the partnering post-secondary institutions but by their already-existing assets, knowledge, and resources (Seifer, 1998; Seifer et al., 2000). CEL in Health Sciences can thus promote a reciprocal relationship of “mutual learning” and benefit (Gelmon et al., 1998), and in doing so, it has the potential to challenge the boundaries of “academia” by making community contexts primary sites of teaching and learning (Norbeck et al., 1998, pp. 2-3), such as, but not limited to, community healthcare settings.

Some CEL in the Health Sciences studies have been critical of inequitable, non-reciprocal interactions with community partners (Hunt et al., 2011; Ellaway et al., 2016; Ratnayake & Lederer, 2024). Indigenous and Racialized communities are most affected by the structural inequities and histories of colonialism in healthcare systems (Curtis et al., 2019; Webb et al., 2023), and the peripheral trauma from academic institutions’ historical record of unethical research practices in the Health Sciences (Alsan et al., 2020). Community mistrust of academic institutions is a frequent point of reflection in the community-engaged health research literature (e.g., Fielding-Miller

et al., 2022; Ross et al., 2023). Recent studies have argued that the power structures of academic institutions can remain an obstacle to equitable and ethical community engagement (King et al., 2020; Ratnayake & Lederer, 2024). The literature points to ways forward to mitigate harm to communities in CEL in the Health Sciences. Because the short-term or “episodic” (Kline et al., 2018, p. 81) nature of CEL experiences for students risks reinforcing extractive relationships with communities, nurturing longer-term partnerships is a way to more fully integrate community expertise (Kline et al., 2018; Cohen et al., 2019; Wilkins & Alberti, 2019).

CEL practice in the Health Sciences can be guided by anti-oppressive frameworks that address power imbalances and foreground the structural reasons for health inequities (Ratnayake & Lederer, 2024). Partnerships, especially with Indigenous Nations and communities, should be explicitly anti-colonial and anti-racist with an emphasis on practices such as cultural safety and the “Community as Teacher” approach (Kline et al., 2013; Bain, 2018; Newman et al., 2021). Finally, some have emphasized that CEL should not simply highlight health disparities and inequities but tackle their structural causes as identified by communities, which means building learners’ “justice-centred skillset[s]” along with other professional skills (Dholakia & Hartman, 2023).

B. CASE STUDIES AND FINDINGS

The literature offers many case studies illustrating the ways CEL has been practiced in the Health Sciences. Across the health sciences, for instance, most CEL student engagements with community partners follow a variation of the following three forms identified by Aneeka Ratnayake and Alyssa Lederer in public health (2024, p. 12):

- **Direct service**, for example, conducting food recall surveys among individuals being screened for dietary services
- **Indirect service** without directly interacting with populations, for example analysing existing program data to determine strategies for improving reach
- **Advocacy** supporting a given cause or policy, for example conducting research to present to a government entity to describe a public health concern and offer evidence-based approaches

Within these engagement models, CEL projects profiled in the literature across clinical and non-clinical programs have taken many forms. A non-exhaustive list of examples includes community health fairs, knowledge mobilization campaigns, policy writing, impact assessments, emergency medical intervention training for community members, intergenerational wellness and learning sessions, and front line interactions.

The sites and partnerships for CEL projects have been equally diverse, ranging from more expected health-focused contexts, such as clinics, pharmacies, health agencies, outpatient environments and long-term care facilities, centres, and residences for older adults (Bullock, 2017; Kricsfalussy et al., 2017, Gardner & Alegre, 2019); to religious organizations (Schaffer et al., 2015); post-secondary campuses (Potter, 2021); elementary schools and after-school programs (Dinour et al., 2018; Woodley et al., 2019); neighbourhoods (Huang, 2019; Gardner & Alegre, 2019); social housing communities (Howell et al., 2021); libraries and other local public institutions (Allsopp & Buys, 2020; Knapp et al., 2022); and rural or remote communities (Lee et al., 2016; Strasser et al., 2018; Palma et al., 2020; Stagg et al., 2020; Snider et al., 2023). The range of possible projects and placements, especially in non-clinical settings, demonstrates that Health Sciences CEL need not take place only in partnership with healthcare institutions or organizations.

The newest addition to the CEL in Health Sciences literature addresses adaptations and responses to the global COVID-19 pandemic. The literature highlights how CEL instructors in the Health Sciences adapted their teaching to be responsive to community health. For example, instructors implemented new protocols to reduce COVID transmission and ensure the safety of students and community members in healthcare settings (Gray, 2020; Mohammad et al., 2020; Tran & Fox, 2020), shifted to remote and hybrid engagements, like virtual clinics and telehealth programs (Castro et al., 2021; Suresh et al., 2022; also Pfeiffer et al., 2021), and added more non-clinical sites as partners (Snider et al., 2023). Instructors have also developed new student projects that directly address COVID-related health issues. Some examples are campaigns and community outreach initiatives about COVID transmission and vaccines (Belkora et al., 2021; Lewis & Strano-Paul, 2021; Bernstein et al., 2022; August et al., 2023; Lavery et al. 2023; Scala et al., 2024) and virtual meetings with older adults experiencing social isolation (Gresh et al., 2021; Beausoleil et al., 2022).

The case studies overall make clear that CEL helps students gain a deeper understanding of the social determinants of health and their own future roles in the Health Sciences by connecting student learning outcomes to larger social outcomes. As Suzanne Cashman and Sarena Seifer have argued, “[t]he long-term aim of [CEL] is social change and social justice—through the service provided by students as well as through their lifelong commitment to community engagement” (Cashman & Seifer, 2008, p. 273). Much like the principles of Health Sciences community-engaged research (Meredith et al., 2020; Payán et al., 2021), CEL can help build students’ capacity to engage in collective social action that effects changes in health policy and practice.

Across the Health Sciences, the most crucial CEL learning identified in the literature happens in the following areas:

Social determinants of health (SDoH)

CEL raises students’ awareness of the structures that shape community health access, equity, and outcomes (e.g., Cené et al., 2010; Self et al., 2012; Bowland et al., 2015; Sabo et al., 2015; Wennerstrom et al., 2018; Allen et al., 2019; Huang, 2019; London & Sanchez, 2020; Batada et al., 2021; Bower et al., 2021; Wong et al., 2021).

Knowledge application

CEL provides students with the opportunity to combine disciplinary knowledge with community-based advocacy and support in meeting community identified priorities (e.g., Self et al., 2012; Dinour et al., 2018; Rooks & Dorsey Holliman 2018; Comeau et al., 2019; Potter 2021; Woodley et al., 2019; Truong et al., 2023).

Reflection

CEL asks students to critically examine their positionalities and biases along with the power structures of health systems (Eyer, 2002; Allen et al., 2019; Ylitalo & Meyer, 2019; Fang et al., 2022).

Cultural and social competencies

CEL builds students’ skills in civic mindedness, communication, cultural safety, and harm reduction (e.g., Cashman & Seifer, 2008; Kabli et al., 2013; Kline et al., 2013; Warmington et al., 2014; Palombaro et al., 2019; Woodley et al., 2019; Allsopp & Buys, 2020).

Career exploration

CEL increases students’ interest to work with communities experiencing health inequities (e.g., Gillis & Mac Lellan, 2010; Garcia & Frank, 2017; Nash et al., 2018; Ko et al., 2019; Meredith et al., 2020; Tapley et al., 2021; Suresh et al., 2022).

C. AREAS FOR FUTURE STUDY & WAYS FORWARD

Within literature cited thus far, and the range of topics covered, we have identified areas that require further attention to help build best practices in CEL in the Health Sciences.

As CEL is practiced more widely in the Health Sciences, the literature could better reflect the perspectives of all partners involved in CEL. Few studies until recently have been authored or co-authored by community partners, and/or focus on the community outcomes of CEL. (However, some examples are Gelmon et al., 1998; Bowen et al., 2014; Kline et al., 2018; Comeau et al., 2019; Bellicoso et al., 2021; Berrington et al., 2021; Pellerano et al., 2023; Truong et al., 2023; Zhou et al., 2023).

Similarly, while many studies discuss student learning outcomes or analyze student responses in reflection assignments and surveys to report on student experiences (Mason & Dunens, 2019; Riediger et al., 2020; O'Connor et al., 2021; Leroux et al., 2023; Valdes et al., 2023), few studies are co-authored with students or include first-person student perspectives. Some exceptions are found in short commentaries or editorial pieces (Spera, 2013; Vlasschaert & Constant, 2016; Landau & Kramer, 2024). Additionally, few studies address student mental health and well-being during engagements, topics which have been explored in other contexts in the CEL literature (Sperduri & Smeltzer, 2022).

Lastly, while some tip sheets with recommendations specific to CEL in the Health Sciences exist (Seifer & Connors, 2007; Chandratre et al., 2021), to date, there are to our knowledge no recent reviews of the literature, trends, and best practices for CEL in the Health Sciences. We hope this guide offers a helpful synthesis of CEL in the Health Sciences to support the work of current and future CEL practitioners.

BEST PRACTICES FOR CEL IN THE HEALTH SCIENCES

In this guide, we have clustered recommended practices under five topics:

A. FACULTY DEVELOPMENT

- i. Leave considerable time for preparation
- ii. Self-educate and self-reflect

B. CURRICULUM DEVELOPMENT

- i. Identify course objectives and student capacities
- ii. Match your course model to your learning outcomes

C. RELATIONSHIP DEVELOPMENT

- i. Reach out early to community partners as your co-educators
- ii. Recognize your community partners
- iii. Sustain relationships beyond the course

D. STUDENT DEVELOPMENT

- i. Prepare students in advance
- ii. Equip students with reflection skills

E. TROUBLESHOOTING & EVALUATION

- i. Nurture flexibility and communicate troubleshooting protocols
- ii. Seek feedback, assess and re-design

A. FACULTY DEVELOPMENT

i. LEAVE CONSIDERABLE TIME FOR PREPARATION

Faculty should prepare for design and delivery of their CEL course by consulting the CEL literature, connecting with colleagues engaged in CEL, and using university resources designed to support CEL initiatives.

When preparing to teach a CEL course, faculty should start by consulting the existing literature on CEL and, more specifically, CEL in the Health Sciences. The literature outlines discussions pertaining to student learning outcomes, equitable course design, and assets-based approaches to community engagement. Engaging with the literature can help inform course design decisions that benefit community partners and students and provide suggestions for how to approach community partner stewardship in a respectful and reciprocal way.

Faculty can also prepare by connecting with university colleagues who have experience with teaching a CEL course in the Health Sciences. Faculty who are new to CEL can benefit from the insights of seasoned CEL practitioners, and the lessons they have learned from engaging with CEL pedagogy in the specific disciplinary, institutional or geographical contexts they are working in.

University offices focused on CEL/EL are another source of information and support for faculty new to CEL. Consulting with these offices long before course delivery can provide critical insights on CEL processes and protocols that faculty new to CEL may not be familiar with. For example, the Centre for Community Partnerships (CCP) at the University of Toronto offers CEL course consultations, resources, workshops, and communities of practice for CEL faculty.

ii. SELF-EDUCATE & SELF-REFLECT

Faculty should familiarize themselves with the histories of harm and power dynamics of university-community engagement in health sciences contexts and develop an accurate orientation for CEL students to these histories.

We recognize that it is simplistic to position “university” and “community” in a binary as though the university and its members are not always already part of various communities and as though the “university” is a singular entity. Nevertheless, when we look at the history of community-university engagement we see how:

- Universities have reinforced elite and exclusive approaches to knowledge and learning, and ways of knowing and being

- Universities have established fields of study and have trained professionals directly tied to colonialism, racism, sexism, ableism, eugenics, discrimination, and violence against sexual and gender diversity
- Universities have a long history of unethical approaches to research, including experiments on marginalized communities
- Universities are typically inward facing, such that investment in academe is prioritized over investment in communities they are part of (Tuck & Yang, 2014)

Faculty members embarking on CEL course design and delivery should model reflexivity, humility and continuous learning by familiarizing themselves with these histories of harm in the Health Sciences; by self-educating; and by being transparent

about who they are, why they want to work with particular community organizations and communities, what they have to offer and what they have to learn. Awareness of histories of harm can help faculty to understand the different degrees of willingness and resistance different communities may have about working with the university in CEL and to initiate mutually beneficial, authentic, sustained relationships with community partners that minimize harm. This is vital particularly when partnering with equity-deserving communities. Faculty must do this work themselves, because CEL students will also need to be oriented to these histories of harm and have reflexivity and humility modeled for them by their instructors. When instructors nurture relationality and reflexivity in their own practice, they are better equipped to nurture these values in students.

“When working with racialized and ethno-specific community groups, keep in mind humility. Recognize that faculty ... may not have insight and expertise that community partners have. Community partners may have values, commitments, and worldviews that are important and specific to communities, but which faculty are not aware of. Faculty must not rely on community partners to educate them on these issues. Do your own work, self-check, learn and unlearn. Faculty should model this process for students.”

Suzanne Sicchia, Associate Professor, Teaching Stream, Department of Health and Society, University of Toronto Scarborough

Faculty members intending to work with Indigenous communities, in particular, are encouraged to make use of the University of Manitoba's Working in Good Ways resources (which contain wise practices applicable to community partnerships broadly speaking) (Ferland et al, 2021).

B. CURRICULUM DEVELOPMENT

I. IDENTIFY COURSE OBJECTIVES AND STUDENT CAPACITIES

Before reaching out to prospective community partners, faculty should identify course objectives that could be met through community partnership and identify student knowledge, skills and capacities that could be leveraged for community benefit.

CEL courses should match community-engaged activities to course objectives. In CEL in the Health Sciences, learning objectives that might be met through CEL can include applying theory to practice; deepening knowledge about a topic; understanding relevance of academic training; understanding the social determinants of health; and transforming one's perspective on course themes, to name a few. Clearly identifying course objectives and how they might be met through CEL will help instructors manage the scope of engagement, communicate clearly with students and community partners, and design assignment and assessment strategies.

Likewise, being clear and realistic about what students may have to offer given their level within a program, their knowledge of relevant subject matter, their intersectional identities and lived experiences, and their familiarity with experiential and community-engaged practices will facilitate fruitful dialogue with community partners and students about roles, expectations and possibilities. Community organizations who partner with Health Sciences courses often identify students' STEM knowledge broadly speaking as valuable to their contexts (not just, for example, specific medical or health expertise). For clinical programs, it will be important to clarify for potential partners and students that students are not licensed practitioners able to provide clinical advice and recommendations.

Finally, faculty should also clearly communicate variability in readiness among learners. In addition to program level, whether students are required to take the course or have self-selected into it, and in the case of an elective, whether there is a screening process, can impact student readiness and willingness to commit to community-partnered work.

“This type of an experience is really exciting for some and a special experience, and for others it feels like a distraction or add-on away from the biomedical learning that they’re desperately trying to learn ... The cultural complexity and the reality that learners may be arriving to agencies in very different ways, this is something that needs to be addressed.”

Chase McMurren, Assistant Professor & Indigenous Health Theme Lead, Department of Family & Community Medicine, Temerty Faculty of Medicine

ii. MATCH YOUR COURSE MODEL TO YOUR LEARNING OUTCOMES

When developing a CEL course, faculty should consider what potential CEL course models could work in their program context.

At the CCP, we have identified four main models for CEL:

- 1. Consultation Model:** With the community partner acting as a “client”, community partner(s) identify and introduce challenges. Students work in groups to devise responses or solutions.
- 2. Project or Placement Model:** With the community partner as host, students work individually or in groups, and contribute to initiatives led by community partners, without necessarily working towards a predetermined outcome. This could include conducting research, creating resources or supporting programs.
- 3. One-on-One Programming Model:** Each student is paired with one individual from or through the partner organization, and students contribute to initiatives led by community partners. Examples can include such activities as one-on-one mentoring and tutoring, or social visits with elders.
- 4. Co-Learner or Co-Researcher Model:** Students and community members work collaboratively on shared learning or research projects.

These CEL models are used across disciplines and sectors. The models named above are not mutually exclusive and may be deployed in combination. Depending on model(s) chosen, activities may fall into direct service, indirect service or advocacy activities as identified by Ratnayake & Lederer (2014), elaborated earlier in the literature review section of this Guide.

Whichever models are used, faculty must ensure the format of the engagement addresses the partner's priorities, meets the course's intended learning outcomes, and supports the learning of students.

C. RELATIONSHIP DEVELOPMENT

I. REACH OUT EARLY TO PARTNERS AS YOUR CO-EDUCATORS

Faculty should contact prospective community partners well in advance of their CEL course and are encouraged to understand their community partners as co-educators of their students.

Early engagement with potential community partners creates an opportunity to learn about community partner priorities and capacities and helps to ensure that the CEL course is designed to be responsive to these parameters. In approaching community partners as co-educators, faculty model an orientation to community partners as subject matter experts and demonstrate an understanding of community assets, wisdom and autonomy.

Early engagement likewise creates space for faculty to invite community partners to contribute to the course design process. Co-design is a way to ensure that the course is reciprocal, benefiting both the students and the community partners. As community partner capacity permits, faculty should invite community partners to contribute their insights and expertise to the co-design of the CEL course model, learning outcomes, syllabi, and assignment design. Faculty may also consider inviting community partners to participate

“We have to prepare students for the uniqueness of community-based work. It is quite different than what they are used to in science courses and traditional science research. Likewise, we need to discuss with community partners what a science student can potentially bring to the organization in terms of their academic strengths and what they may not have encountered so far in their studies. While students may not have learned much about social issues, justice, or vulnerable communities, community partners generally welcome the opportunity to support student learning in those areas. And, community partners are interested in having students bring their knowledge of science and health to the organization and community. When students can draw on their science knowledge in their community work you see some innovative outcomes for the community.”

*Franco Taverna, Associate Professor,
Teaching Stream, Human Biology Program,
Faculty of Arts & Science*

more deeply as co-educators by contributing to student orientation and onboarding processes, delivering classroom talks, and offering feedback on students’ work (although university grading must only be done by instructors).

As faculty invite community partners to contribute to their courses in these ways, it is important that faculty be aware of structural and institutional frameworks that may pose challenges to co-design, co-education and co-assessment. Because community partners are often overtasked and under resourced, it is imperative that faculty not burden community partners with additional or unwanted responsibilities or tasks. An invitation to contribute should be extended to community partners, but faculty must be prepared to take on the responsibility of designing the CEL course, and the education and assessment of students fully, should community partners choose not to be involved in these processes.

Engaging partners in conversations about potential partnership and course design models early in the process will help to clarify what resources are

“[Faculty should] provide community partners with more direction on what the CEL experience is supposed to look like, the expected learning outcomes, what is expected of community partners to provide for students. Faculty need to be engaged... so that students can get as much as possible from the CEL experiences.”

Brandi Deimling, Manager, Government and External Relations, Ontario Veterinary Medical Association

available and create space for questions about workload, roles, and responsibilities, including what community partners are expected to provide students in terms of supervision and what students’ capacities, competencies and level of training might allow them to contribute. Through clear and regularly-scheduled communication throughout course design and delivery, faculty and community partners can manage expectations and challenges.

Creating a terms of reference or a course philosophy together with community partners can document roles, responsibilities, expectations and protocols for troubleshooting.

CEL COURSE CONSIDERATIONS

When envisioning partnerships for your CEL course, the following questions may help you balance practical and logistical considerations with outside-the-box generative thinking. A question's relevance will depend on whether your program is a clinical or non-clinical program, first entry undergraduate, second entry undergraduate or graduate level.

- At what point in a degree program will this CEL course take place? How peripheral to health sciences settings can your partner contexts be?
- How is the CEL experience leveraging the broad STEM knowledge of students vs health sciences knowledge generally vs a specific specialty or sub-specialty?
- If you choose non-clinical and non-health care related settings, how will you communicate the relevance of the CEL experience to students training to become clinicians in the Health Sciences?
- How will you challenge students in your clinical program to reflect on their ideas of expertise (both their own and their partners')?
- How will you address any inherent hierarchies within your discipline or program, and the impact of power differentials on partners and students?
- How will you clarify for students and community partners the distinction between a CEL course and a practicum or internship?*
- How prescriptive in your matching of students to partners do you want to be?
- How self-directed do you want students to be in their experiences?

* See page 2 of this Guide (Furco, 1996; Brabazon et al., 2020).

ii. RECOGNIZE YOUR COMMUNITY PARTNERS

Community partners should be recognized for their contributions to CEL with honoraria and access to university resources.

It is important that community partners’ lived experiences, time, labour, and resources are respected. To recognize the work of community partners in the co-education of CEL students, faculty should secure honoraria for community partners, explore the potential services and resources that are available to the community partner through the university, and leverage their positions at universities to advocate for community partner recognition wherever possible.

Forms of recognition should always be rooted in what the community partner finds meaningful and can include: providing wayfinding to educational tools, platforms, and resources; securing university spaces and resources that community partners can use for in-person events; and ensuring community partners are acknowledged as co-educators in syllabi and as co-authors and co-investigators in publications.

Faculty can also thank partners through supporting their interest in connecting with each other. This can take various forms, the simplest of which could be inviting partners to jointly participate in an orientation, or an invited panel for all students in the class. Partners could also be offered an invitation to attend specific classes or training sessions that may be of interest to staff and/or community members from their organizations, or to join in celebratory end-of-course events, such as showcases, symposia or socials.

“Before starting the placement, have discussions with community partners about what would be a win-win for all parties involved. Strive to go beyond the bare minimum for the community partners. Invite community partner organizations to training sessions if they’re interested.”

***Patricia O’Campo, Professor,
Dalla Lana School of Public Health***

iii. SUSTAIN RELATIONSHIPS BEYOND THE COURSE

Faculty should continue to build their relationships with community partners beyond the CEL course

Community partnerships based on trust and reciprocity are built and sustained over time. These relationships can be stewarded beyond the single iteration of a CEL course through engaging in site visits, attending community events, sharing relevant academic literature or events, and amplifying the work that community partners do through faculty or community networks. Assume that in future offerings of the course, some partners may continue to engage while others may pause their engagement, and, either way, relationships should continue to be nurtured for opportunities to be meaningfully and respectfully acted upon in the future.

“Our perspective on partnership at the university can sometimes be lop-sided, focused on outcomes more than on relationships. While students are necessarily a time-bound population, close connections between faculty and community partners are very important. Faculty can support relationship longevity through how they structure student placements year over year and integrate intentional communication.”

Roxanne Wright, (Former) Experiential Learning Lead, Temerty Faculty of Medicine; (Current) Manager, Program Development & Delivery, Continuing Education, University of St. Michael's College

D. STUDENT DEVELOPMENT

i. PREPARE STUDENTS IN ADVANCE

Faculty should prepare their students before their CEL engagement with the community partner.

Student preparation should begin early in the course, and, ideally, before the community engagement experience begins. To ensure students understand the relevance of the CEL experience to the course and to their program, instructors should clearly identify the learning objectives of the CEL experience, and how meeting those objectives contributes to their post-graduation professional

life. For example, in clinical programs, students might not understand why a medical school course has them contributing hours at a community centre after-school program for youth. Clarity helps manage expectations and maximize impact.

Students should also understand what the community partners' expectations are for students' knowledge, skills and abilities, what work and time commitments are required, what their rights are as students working in community settings, what supports are available for their safety and well-being, and what protocols to follow for challenges that might emerge.

“Be very specific when preparing students for community engaged work. Inform students of the realities of non-profit work (for example staffing shortages), so that they come into the work with an open mind, patience, and professionalism.”

***Michelle Arnot, Professor,
Teaching Stream, Department of
Pharmacology and Toxicology,
Temerty Faculty of Medicine***

Preparing students for CEL should include offering them orientations, workshops, mentoring, and access to relevant tools and technologies. Any partner-specific training that might be required should be completed prior to engagement.

Pre-engagement preparation should also include structured opportunities for students to build a foundational understanding of their community partners' priorities, operations, histories and program and service participants. Such preparation will help equip students for the realities of doing community-engaged work and ensure that students engage thoughtfully when working with communities.

“Placement is a mutual give-and-take for both the student and the community or agency served. It's important to educate students on how to engage with the community before they begin their CEL placement, ensuring the safety of both students and community members. Involving community partners in the orientation process helps students see how their work connects to the real world and whether it resonates with them. Start with an initial meeting to address student concerns and follow up with regular check-ins to ensure their wellness and increase engagement throughout the placement.”

***Becca Buttigieg, Day Program Manager & Program Coordinator,
The Second Mile Club of Toronto, Kensington Health***

ii. EQUIP STUDENTS WITH REFLECTION SKILLS

Faculty should engage students in reflection activities and assignments, while teaching them the skills to do so.

Reflection is a pillar of CEL and a central strategy for assessing student learning. Reflection should be an ongoing practice for students, taking place before, during, and after their community engagement. If imagined as a process of learning and unlearning, reflection supports critical thinking about the community engagement experience in relation to course content.

Faculty should consider that many Health Sciences students will be unfamiliar with reflection as a practice and as an assignment strategy for grading. Thus, reflection as a learning strategy is best enacted iteratively through a scaffolded process of skill building through which students develop the ability to identify what they have learned through their engagement and make meaning of their experiences in relation to the course content. Instructors will need to factor time into the syllabus for teaching reflection skill development so that over the arc of the course, students understand the purpose of reflection and acquire reflection skills.

Reflection can take many forms, including written assignments of various kinds, small and large group discussions, role play, and creative or multi-media projects. Examples of reflection assignments can include asking students to apply course concepts to their community work, to consider their own identities in relation to the communities they engage with, or to think through next steps on an issue or conflict they encounter in their CEL context. Reflection could also engage students in considering the relevance of CEL to their professional identity formation.

“Do the students learn about anti-oppressive practice? Trauma sensitive practice? Cultural sensitivity practice? Are these built into the curriculum or is this something students only learn in community?”

Sofia Pazmino, Acting President of the Board, Oasis Dufferin Community Centre

Reflection activities can invite students to lean into their discomfort or mistakes during the CEL process, exploring through assignments and group discussions how the challenges students encounter are related to power dynamics in the CEL relationship. Effective reflection practices encourage humility and acknowledge community expertise and autonomy. Reflection is especially important when working with equity-deserving communities.

E. TROUBLESHOOTING & COURSE EVALUATION

I. NURTURE FLEXIBILITY AND COMMUNICATE TROUBLESHOOTING PROTOCOLS

Faculty should nurture flexibility in themselves and their students and establish a framework and protocols for when something goes wrong.

As we have seen, CEL as a pedagogy is different from non-CEL approaches in three distinct ways: in its pedagogical approach, its reliance on partnerships and its emphasis on student preparation. The CEL experience is predicated on a three-way partnership between faculty, community partner and student, and there is ample opportunity for uncertainty and unexpected change. No matter how attentive an instructor is to managing expectations from course design through delivery, challenges can and do occur.

As faculty develop their CEL courses, it is helpful to establish a clear framework for how to respond to challenges that may arise, to discuss this framework with community partners and to communicate it to students. For students, the preparation and onboarding elements of the course can provide space to discuss the expectations for behaviour outside of classroom settings, the consequences for not meeting expectations, and the steps for repair if a rupture in a relationship occurs.

Faculty should also prepare to be flexible in the face of unexpected changes with community partners that might impact course outcomes. For example, a community partner may unexpectedly need to shift its priorities, leaving a student without the project they were supposed to work on. Such an occurrence will require a pivot for the student, who must still be able to complete work to meet course objectives. Faculty should therefore have a back-up plan in place so that students can still complete work. Alternative assignments and faculty-supervised independent projects may be necessary alternatives if a student has unexpectedly been left without a focus or opportunity. Faculty are encouraged to find in such sudden pivots learning opportunities for students, and to prepare in advance for the additional burden a change may impose on themselves and students.

ii. SEEK FEEDBACK, ASSESS & REDESIGN

Faculty should seek feedback from students and community partners to evaluate the success of a CEL course and act on that feedback for future course offerings.

Faculty can use different methods to gather critical information to determine whether and how the CEL experience was successful for their students and community partners. Scheduling points of contact with students and community partners throughout the arc of a CEL course to gauge how the partnerships and experiences are going can help improve future iterations of CEL courses. Exit or post-placement interviews, circle discussions, polls and surveys can all provide information on students' experiences, creating spaces for students to debrief and reflect on their work with communities. Post-placement interviews or surveys for community partners can, likewise, help instructors learn more about the partners' experiences, in what ways the partners benefitted, and about areas for growth and improvement. Implementing changes based on the feedback from community partners will strengthen those relationships and the quality of the course as it is developed over time.

“If you asked, what should a physician know about community or principles of good partnership ... each initiative is different, it has different goals, and therefore you mobilize different best practices each time. Can you come up with a checklist or framework that you can recommend to a physician? I don’t think so. It’s a very dynamic process and requires a lot of skill, actually.”

Patricia O’Campo, Professor, Dalla Lana School of Public Health

COURSE EXAMPLES

Please find here selected examples of CEL courses in the Health Sciences at the University of Toronto.

The following two CEL courses address themes of human aging.

Dementia (HMB440)

Students explore clinical, genetic, pathological, caregiving and social aspects of aging and dementia with a focus on Alzheimer's disease. Students visit residents of a local long-term care facility to explore what it's like to age, live with dementia, and live in long-term care, and gain a further understanding of course content, a broader appreciation of the discipline and an enhanced sense of civic responsibility. Each student also benefits from making a new, wise and experienced friend. Reminiscing activities with participating elders can be extremely beneficial; "magical moments" generated by such activities are known to accrue lasting emotional and cognitive benefits while reducing isolation.

Instructors: Arlene Astell, Associate Professor, Psychiatry and Franco Taverna, Associate Professor, Teaching Stream, Human Biology Program

See the [Course Profile](#) on the University of Toronto Experiential Learning Hub.

Aging and Health (HST308H1)

Through interactive seminar-style discussions, collaborative projects, mentorship, and exchange, this Health Studies undergraduate course provides a semester-long exploration of aging, gerontology and geriatrics. The course is partnered with Christie Gardens, a retirement community and long-term care home in Toronto's Seaton Village and is delivered as an innovative Intergenerational Classroom on site at Christie Gardens. Half the students in Ageing and Health are University of Toronto undergraduates, and the other half are older adults residing at Christie Gardens. For the duration of the course, they are intergenerational co-learners in the study of aging and health.

Instructor: Raza Mirza, Assistant Professor (Status), Factor-Inwentash Faculty of Social Work

See [an article on the School of Social Work website](#) and an [article in the Toronto Star](#).

The following two CEL courses are each titled “Health in Community,” but are distinct and offered in different programs: Medicine, and Human Biology.

Integrated Clinical Experience: Health in Community (ICE: HC MED200 & LONGCOMP2)

This course is a core component for all students in Foundations, the first two years of the MD Program. Through in-class sessions, reflective assignments and community-based experiences, students reflect on three questions: What is community? Where is community? Why are some people healthier than others? Through placements at partner organizations, students participate, observe, contribute and learn about advocacy. Community co-educators work with physician and interprofessional health faculty to co-facilitate tutorials that explore topics and themes connected to community development and community health. CEL experiences are intended to inform students’ future interactions with patients and to encourage them to consider equity, diversity and culturally safe choices in their future practice. The course has a roster of approximately eighty agencies, most of which are health focused. Students complete five half-day visits to one or multiple organizations over the course of eighteen months. Students go into non-clinical settings. The course precedes fulfilment of the clinical requirements of medical training.

Instructor: Fok-Han Leung, Associate Professor, Temerty Faculty of Medicine

Health in Community (HMB490)

This course explores the health-related challenges and social determinants of health in partnership with local community organizations. Lectures and tutorials support learning of selected biological and social aspects of health and disease, neuroscience, genetics or population health, and the development of scientific knowledge translation skills relevant to the demographics of the community agencies. Throughout the placement, motivated senior students are expected to observe how the organization serves its populations, participate by serving and helping in a meaningful and impactful way, collaborate on a major course project and deliverable that meets an important need of the organization, and learn about becoming effective advocates for vulnerable populations.

Instructor: Franco Taverna, Associate Professor, Teaching Stream, Department of Human Biology

See the [Course Profile](#) on the University of Toronto Experiential Learning Hub.

The following are two CEL courses in Pharmacology and Toxicology.

Understanding the Role of Pharmacology & Toxicology in Society (PCL389)

This course expands student knowledge regarding the science behind and societal views of drugs with a focus on street and recreational drug use, substance abuse disorders and mental health. Classes focus on the science and research associated with drug use and class discussions integrate health/drug policy, socio-cultural and media views. Students spend twenty hours with a community-health partner within harm reduction, mental health and housing support who are working on community-driven projects with front-line workers within the community. Students expand their perceptions and learn to think holistically about “science” and “people” while also appreciating how their knowledge and skills move beyond the classroom. Students undergo significant professional and personal growth as they learn to appreciate the complex issues and situations associated with drug use. Partners gain access to students who are engaged, open to learning and have excellent research and technology skills. Partners leverage these skills and engagement in a manner that drives projects forward, often filling a gap of labour and/or resources.

Instructor: Michelle Arnot, Professor, Teaching Stream, Department of Pharmacology and Toxicology, Temerty Faculty of Medicine

See the [Course Profile](#) on the University of Toronto Experiential Learning Hub; and an article in the [Toronto Star](#).

Pharmacology and Toxicology in Drug Development (PCL402H)

This course covers the trajectory of drug development from bench to bedside and recognizes the value of lived patient experiences in drug development. One in twelve Canadians live with a rare disease and 95% of rare diseases do not yet have a drug therapy for treatment. To help address this challenge, student teams in this course participate in experiential learning projects in partnership with rare disease community groups. These team projects are celebrated by the class as a whole in oral presentations. The teaching team includes Rare Disease Navigators to help support co-learning between students and rare disease community groups.

Instructor: Rebecca Laposa, Assistant Professor, Teaching Stream, Department of Pharmacology and Toxicology, Temerty Faculty of Medicine

Global Hidden Hunger (HMB443)

This course explores the global nature, catastrophic consequences, and causes of vitamin and mineral deficiencies, termed ‘hidden hunger,’ deficiencies which affect about half the world’s population. Students discuss formulation and implementation of international, national, and local policies to alleviate ‘hidden hunger’ across the life course. Students learn how countries strive to meet the challenge of hidden hunger and engage with national and international community partners to gain perspective on how micronutrient deficiencies manifest in different communities globally. Biological, medical, socio-cultural, geo-political precursors and consequences are examined in case-study analyses. Two to three community partners join the classroom community virtually and attend select lectures, co-design assessments, and provide qualitative formative feedback on scaffolded assignments. Assignments produced in the course serve as tools for community partner organizational goals or outputs.

Instructor: Leanne De Souza-Kenney, Assistant Professor, Teaching Stream, Human Biology Program and Public Health/Health Studies Program

Chronic Diseases (HLTC19H)

This course introduces students to the regional, national, and global patterns of chronic disease and demonstrates how demography, behaviour, socio-economic status, and genetics impact patterns of chronic disease in human populations. Community partners co-design student projects to match student skills with community needs. Students work in groups to create project deliverables, which have included training toolkits, advocacy strategies, and health promotion materials, depending on the needs of the community partners. Feedback is provided by community organizations to ensure expectations are met. Students engage in a pre-assignment reflection focusing on unconscious bias, and a post-assignment reflection on their learning experiences.

Instructor: Christine Wong, Assistant Professor, Teaching Stream, Department of Health & Society, University of Toronto Scarborough

Additional course examples:

Advanced Exercise Psychology (KPE330 H1)

This course focuses on the understanding of theoretical frameworks and psychological principles related to exercise. Emphasis is directed towards the application of these theories and principles to the design, development and evaluation of interventions to encourage adoption and maintenance of exercise for individuals, groups and communities. Students develop an understanding and application of the key theoretical frameworks in exercise psychology; a working knowledge of the research on individual, interpersonal and environmental factors affecting exercise participation; and the ability to identify and apply appropriate strategies to enhance exercise participation in a variety of populations and settings. For the CEL component, students learn from community partners during class time, and subsequently present a theory-based, physical activity intervention for the community partner addressing a specific health outcome and/or behaviour change outcome.

Instructor: Linda Trinh, Associate Professor, Faculty of Kinesiology & Physical Education

Understanding Cancer: From Cells to Communities (HLTC30)

This course introduces students to the cellular and molecular mechanisms underlying cancer and how these overlap with social and environmental determinants of health. This allows for a wider exploration of risk factors and public health approaches to individual and population health. The social impact of cancer and the importance of patient advocacy and support is also examined. Community partners co-design student projects to match student skills with community needs. Students use human-centred design strategies to explore the user experience for their project deliverable, with feedback provided by the community organization before finalizing their individual project. Students engage in personal reflections to explore the theory of community-engaged learning and their experiences of the process.

Instructor: Christine Wong, Assistant Professor, Teaching Stream, Department of Health & Society, University of Toronto Scarborough

RECOMMENDED CCP RESOURCES & HOW TO CONTACT THE CCP

The resources listed below are available to all University of Toronto instructors, staff and librarians on the CCP's CEL Faculty Resource Site. For access to the Resource Site; and for any questions, requests for CEL course consultation and for referral to appropriate unit-specific CEL supports, please email info.ccp@utoronto.ca.

CCP event recordings:

Co-Designing CEL with Community Partners, CCP CEL Roundtable, September 20, 2022. Event recording. 55:26.

Community Places as Classroom Spaces Reflecting, Disrupting, Re-Imagining, CCP CEL Roundtable, October 18, 2024. Event recording. 53:47.

Massiquoi, Notisha. Equitable Community Partnerships When Working With and for Black Communities, CCP CEL Community of Practice, February 15, 2023. Event recording. 17:17.

Mehta, Aditi. Addressing Power and Privilege in CEL through Anti-Racist and Anti-Colonial Approaches, CCP

CEL Community of Practice, March 10, 2023. Event recording. 19:28.

Respectful and Reciprocal Partnerships with Indigenous Community Organizations, CCP CEL Roundtable, April 3, 2023. 55:13.

What Your Community Partners Want You to Know, CCP CEL Partnerships Roundtable, March 7, 2004. Event recording. 88 min.

CCP publications:

Centre for Community Partnerships (2024). Co-Designing CEL with Community Partners: A Guide for Instructors.

Centre for Community Partnerships Annual Community Partnerships Report (2023).

REFERENCES

- Alexander, E.S., Browne, F.R., Eberhart, A.E., Rhiney, S.L., Janzen, J., Dale, K., & Vasquez, P. (2020). Community service-learning improves learning outcomes, content knowledge, and perceived value of health services education: A multiyear comparison to lecture. *International Journal of Research on Service-Learning & Community Engagement*, 8(1), Article 5. <https://doi.org/10.37333/001c.18079>
- Allen, H. B., Gunaldo, T. P., & Schwartz, E. (2019). Creating Awareness for the Social Determinants of Health: Dental hygiene and nursing student interprofessional service-learning experiences. *Journal of Dental Hygiene: JDH*, 93(3), 22–28.
- Allsopp, M. A., & Buys, D. R. (2020). The introduction of community-engaged learning into a DPD community nutrition course. *Topics in Clinical Nutrition*, 35(4), 341–350. <https://doi.org/10.1097/tin.0000000000000224>
- Alsan, M., Wanamaker, M., & Hardeman, R. R. (2020). The Tuskegee Study of Untreated Syphilis: A case study in peripheral trauma with implications for health professionals. *Journal of General Internal Medicine*, 35(1), 322–325. <https://doi.org/10.1007/s11606-019-05309-8>
- Anderson, M. (2019). Indigenous health research and reconciliation. *Canadian Medical Association Journal*, 191(34): E930-E931. <https://doi.org/10.1503/cmaj.190989>
- Ash, S. L., & Clayton, P. H. (2009). Generating, deepening, and documenting learning: The power of critical reflection in applied learning. *Journal of Applied Learning in Higher Education*, 1(1), 25-48. <https://hdl.handle.net/1805/4579>
- Association for Experiential Education. (n.d.). What is experiential education? <https://www.aee.org/what-is-experiential-education>
- August, E., Ansorge, M., & Anderson, O. S. (2023). Successful implementation of a community-based writing project with public health graduate students during a public health emergency. *Journal of Higher Education Outreach & Engagement*, 27(3), 171–178.
- Averkiou, P., Prakash, N., Paiewonsky, B., & Twadell, S. (2021). Community-engaged learning: Addressing gaps in medical education through a service-learning curriculum. *Journal of Service-Learning in Higher Education*, 13, 44-57.
- Bain, M. (2018). Community-university engagement: Case study of a partnership on Coast Salish Territory in British Columbia. *Engaged Scholar Journal: Community-Engaged Research, Teaching, and Learning*, 4(1), 123–141. <https://doi.org/10.15402/esj.v4i1.313>
- Batada, A., Thomas, A. E., & Holtz, D. (2021). Utilizing a data-to-action approach to cultivate policy research and advocacy skills in community-engaged health promotion courses. *Pedagogy in Health Promotion*, 8(3), 216–223. <https://doi.org/10.1177/23733799211035812>

- Beausoleil, K., Garbarino, J., & Lewis, L. F. (2022). "I loved interacting with this younger generation": Exploring the impact of a virtual service-learning program on social connectedness among older adults during the COVID-19 pandemic. *Gerontology & Geriatrics Education*, 1–19. <https://doi.org/10.1080/02701960.2022.2132241>
- Belkora, J., Weinberg, T., Murphy, J., Karthikeyan, S., Tran, H., Toliver, T., Lopez, F., Tominaga, G., Helle, M., Intinarelli, G. & Adler, J. (2021). Extending the population health workforce through service learning internships during COVID: A community case study. *Frontiers in Public Health*, 9, 697515. <https://doi.org/10.3389/fpubh.2021.697515>
- Bellicoso, E., Cho, S. M., Got, T., Leung, F.-H., & Wright, R. (2021). Building relationships: Reimagining the community placement for medical students. *Canadian Medical Education Journal*, 12(1), e107–e108. <https://doi.org/10.36834/cmej.70555>
- Bernstein, M., Frintner, M., Gao, S., Gibbons, T., Green, N., Hildreth, D., Lustig, M., Stamps, J., Turner, J., Singer, R., & Singer, R. (2022). Community–academic partnerships: Addressing health inequities through community-engaged service learning. *Health Promotion Practice*, 0(0), 1-3. <https://doi.org/10.1177/15248399221102913>
- Berrington, R., Condo, N., Rubayita, F., Cook, K., & Jalloh, C. (2021). Community organization feedback about an undergraduate medical education service learning program. *Canadian Medical Education Journal*, 12(4), 70–78. <https://doi.org/10.36834/cmej.71420>
- Bowen, G. (2007). Reflection in service learning. *Evaluation/Reflection*, 24. <https://digitalcommons.unomaha.edu/slceeval/24/>
- Bowen, S., Sketris, I., & Ingram, E. L. (2014). "Experiences of health system preceptors and faculty advisors with community service-learning initiatives: Learning from the Dalhousie University Drug Use Management and Policy Residency Program." *International Journal of Research on Service-Learning and Community Engagement* 2(1): 63–77. <https://doi.org/10.37333/001c.002001006>.
- Bower, K. M., Alexander, K. A., Levin, M. B., Jaques, K. A., & Kub, J. (2021). Using critical service-learning pedagogy to prepare graduate nurses to promote health equity. *The Journal of Nursing Education*, 60(1), 38–43. <https://doi.org/10.3928/01484834-20201217-09>
- Bowland, S., Hines-Martin, V. P., Edward, J., & Haleem, A. S. (2015). Reflections on interdisciplinary teamwork in service-learning. *Partnerships: A Journal of Service-Learning & Civic Engagement*, 6(2), 19–35.
- Brabazon, H., Esmail, J., Locklin, R., & Stirling, A. (2020). Beyond employability: Defamiliarizing work-integrated learning with community-engaged learning. *Engaged Scholar Journal: Community-Engaged Research, Teaching, and Learning*, 5(2), 21–41. <https://doi.org/10.15402/esj.v5i3.70364>
- Bringle, R. G., & Hatcher, J. A. (1999). Reflection in service learning: Making meaning of experience. *Educational Horizons*, 77(4), 179–185.
- Britt, L. L. (2012). Why we use service-learning: A report outlining a typology of three approaches to this form of communication pedagogy. *Communication Education*, 61(1), 80–88. <https://doi.org/10.1080/03634523.2011.632017>
- Brown, C. L. (2017). Linking public health nursing competencies and service-learning in a global setting. *Public Health Nursing*, 34(5), 485–492. <https://doi.org/10.1111/phn.12330>
- Block, K.C. (2017). Development, implementation, and evaluation of a service-learning series for pharmacy students using a public health tool. *Currents in Pharmacy Teaching and Learning*, 9(5), 828-834. <https://doi.org/10.1016/j.cptl.2017.05.015>

Cashman, S. B., & Seifer, S. D. (2008). Service-learning: An Integral Part of Undergraduate Public Health. *American Journal of Preventive Medicine*, 35(3), 273–278. <https://doi.org/10.1016/j.amepre.2008.06.012>

Castro, M. R. H., Calthorpe, L. M., Fogh, S. E., McAllister, S., Johnson, C. L., Isaacs, E. D., Ishizaki, A., Kozas, A., Lo, D., Rennke, S., Davis, J., & Chang, A. (2021). Lessons from learners: Adapting medical student education during and post COVID-19. *Academic Medicine*, 96(12), 1671–1679. <https://doi.org/10.1097/ACM.0000000000004148>

Cené, C.W., Peek, M.E., Jacobs, E. et al. (2010). Community-based teaching about health disparities: Combining education, scholarship, and community service. *Journal of General Internal Medicine* 25, (Suppl 2), 130–135.

Centre for Community Partnerships. (2024). Co-designing community-engaged learning with community partners: A guide for instructors. <https://www.communitypartnerships.utoronto.ca/wp-content/uploads/sites/351/2024/01/Co-Designing-CEL-with-Community-Partners-A-Guide-for-Instructors.pdf>

Chandratre, S., Norrbom, C., Zeman, C.S. & Prunuske, A. (2021). Strategies to integrate community engagement in medical student education. *Journal of Regional Medical Campuses*, 4(2). <https://doi.org/10.24926/jrmc.v4i2.3600>

Clayton, P. H., & Ash, S. L. (2004). Shifts in Perspective: Capitalizing on the Counter-Normative Nature of Service-Learning. *Michigan Journal of Community Service Learning*, 11(1), 59-70.

Cohen, L., Leung, F-H., Oriuwa, C. & Wright, R. (2019). Service-learning curriculum design and implementation at the University of Toronto Faculty of Medicine [version 1]. *MedEdPublish*, 8, 141. <https://doi.org/10.15694/mep.2019.000141.1>

Comeau, D. L., Palacios, N., Talley, C., Walker, E. R., Escoffery, C., Thompson, W. W., & Lang, D. L. (2019). Community-engaged learning in public health: An evaluation of utilization and value of student projects for community partners. *Pedagogy in Health Promotion*, 5(1), 3–13. <https://doi.org/10.1177/2373379918772314>

Connors, K., Seifer, S., Sebastian, J., Cora-Bramble, D., & Hart, R. (1996). Interdisciplinary collaboration in service-learning: Lessons from the health professions. *Michigan Journal of Community Service Learning*, 13(1), 113-127.

Coulter, M. L., Liller, K. D., Ejiofor, C., McBride, C., Roth, J., Haile, A., & Cruz, L. (2016). Community engagement initiative: Academia partnering with the health department and community agencies for change. *Journal of Community Engagement & Higher Education*, 8(4), 29–38.

Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S.-J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: A literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 174–174. <https://doi.org/10.1186/s12939-019-1082-3>

Dholakia, K., & Hartman, J. (2023). Transforming society through critical service-learning: A position for a justice-based approach to experiential learning in Physical Therapy education. *Journal of Physical Therapy Education*, 37(4), 264–270. <https://doi.org/10.1097/JTE.0000000000000299>

Dinour, L. M., Szaro, J., Blumberg, R., & Bose, M. (2018). A convergent mixed-methods exploration of the effects of community-engaged coursework on graduate student learning. *Journal of Nutrition Education and Behavior*, 50(6), 598–609. <https://doi.org/10.1016/j.jneb.2018.01.019>

Dostilio, L.D., Brackmann, S.M., Edwards, K.E., Harrison, B., Kliewer, B.W., & Clayton, P.H. (2012). Reciprocity: Saying what we mean and meaning what we say. *Michigan Journal of Community Service Learning*, 19(1), 17-32. <http://hdl.handle.net/2027/spo.3239521.0019.102>

Duren-Winfield, V., Nance, K., Onsomu, E. O., Valentine, P., McKenzie, M., & Roberts, A. (2011). Champions for Outreach and Advocacy for Campus and Community Health: A college-based peer health coach program. *Journal of Community Engagement & Higher Education*, 3(1), 1–9.

Elam, C. L., Sauer, M. J., Stratton, T. D., Skelton, J., Crocker, D., & Musick, D. W. (2003). Service learning in the medical curriculum: Developing and evaluating an elective experience. *Teaching and Learning in Medicine*, 15(3), 194–203. https://doi.org/10.1207/S15328015TLM1503_08

Ellaway, R. H., O'Gorman, L., Strasser, R., Marsh, D. C., Graves, L., Fink, P., & Cervin, C. (2016). A critical hybrid realist-outcomes systematic review of relationships between medical education programmes and communities: BEME Guide No. 35. *Medical Teacher*, 38(3), 229–245. <https://doi.org/10.3109/0142159X.2015.1112894>

Experiential Learning Hub. (2020). Learning type: Community-engaged learning. <https://experientiallearning.utoronto.ca/learningtype/community-engaged-learning/>

Fang, K. M., Lau, G. C., Park, J. Y., & Tchen, P. (2022). Exploring factors that influence student engagement in community-engaged learning activities within a pharmacy context. *American Journal of Pharmaceutical Education*, 86(4), 8637. <https://doi.org/10.5688/ajpe8637>

Ferland, N., Chen, A., & Villagrán Becerra, G. (2021). Working in good ways: a framework and resources for Indigenous community engagement. *Community Engaged Learning*, University of Manitoba. <https://umanitoba.ca/community-engaged-learning/working-in-good-ways>

Fielding-Miller, R., Kim, S., Bowles, J., Streuli, S., & Davidson, P. (2022). “We’re already doing this work”: Ethical research with community-based organizations. *BMC Medical Research Methodology*, 22(1), 237–237. <https://doi.org/10.1186/s12874-022-01713-7>

Furco, A. (1996). Service learning: A balanced approach to experiential education. In *Introduction to service-learning toolkit: Readings and resources for faculty* (pp. 9-13). Campus Compact.

Garcia, J. D., & Frank, R. A. (2017). Interdisciplinary service learning opportunity: A nontraditional approach to migrant farmworkers rehabilitation. *Journal of Community Engagement & Higher Education*, 9(1), 73–82.

Gardner, P., & Alegre, R. (2019). “Just like us”: Increasing awareness, prompting action and combating ageism through a critical intergenerational service learning project. *Educational Gerontology*, 45(2), 146–158. <https://doi.org/10.1080/03601277.2019.1584976>

Gelmon, S.B., Holland, B.A., Seifer, S.D., Shinnamon, A., & Connors, K. (1998). Community-university partnerships for mutual learning. *Michigan Journal of Community Service Learning*, 5(1), 97-107.

Gillis, A., & Mac Lellan, M. (2010). Service learning with vulnerable populations: Review of the literature. *International Journal of Nursing Education Scholarship*, 7(1), Article41–Article41. <https://doi.org/10.2202/1548-923X.2041>

Gitlow, L., & Flecky, K. (2011). Service-learning in occupational therapy education: Philosophy and practice. *Jones and Bartlett*.

Gray, L. (2020). Moving forward in protocols for an undergraduate pre-medical careers service-learning program during COVID-19. *Journal of Service-Learning in Higher Education*, 11(2), 45.

Gresh, A., LaFave, S., Thamilselvan, V., Batchelder, A., Mermer, J., Jacques, K., Greensfelder, A., Buckley, M., Cohen, Z., Coy, A., & Warren, N. (2021). Service learning in public health nursing education: How COVID 19 accelerated community academic partnership. *Public Health Nursing*, 38(2), 248–257. <https://doi.org/10.1111/phn.12796>

Howard, J.P.F., & Rhoads, R.A. (1998). *Academic service learning: A pedagogy of action and reflection*. Jossey-Bass.

Howell, B. M., Redmond, L. C., & Wanner, S. (2021). “I learned that I am loved”: Older adults and undergraduate students mutually benefit from an interprofessional service-learning health promotion program. *Gerontology & Geriatrics Education*, 42(2), 252-267.

Huang, Y. P. (2019). Using walking survey as a community-engaged learning component of an online health promotion course. *Education (Chula Vista)*, 139(3), 166–172.

Hunt, J., Bonham, C. & Jones, L. (2011). Understanding the goals of service learning and community-based medical education: A systematic review. *Academic Medicine*, 86 (2), 246-251. <https://doi.org/10.1097/ACM.0b013e3182046481>

Jacoby, B. (2015). *Service-learning essentials: Questions, answers, and lessons learned* (first edition). Jossey-Bass.

Kabli, N., Liu, B., Seifert, T., & Arnot, M. I. (2013). Effects of academic service learning in drug misuse and addiction on students' learning preferences and attitudes toward harm reduction. *American Journal of Pharmaceutical Education*, 77(3).

King, A. E., Earner, A., & Fernando, S. (2022). When Is a Partnership Not a Partnership? Reflecting on Inherent Challenges in University-Community Collaborations on Educational Programs. *Journal of Community Engagement and Scholarship*, 14(2). <https://doi.org/10.54656/jces.v14i2.31>

Kline, C., Asadian, W., Godolphin, W., Graham, S., Hewitt, C., & Towle, A. (2018). From “academic projectitis” to partnership: Community perspectives for authentic community engagement in health professional education. *Engaged Scholar Journal: Community-Engaged Research, Teaching, and Learning*, 4(1), 79–96. <https://doi.org/10.15402/esj.v4i1.310>

Kline, C. C., Godolphin, W. J., Chhina, G. S., & Towle, A. (2013). Community as teacher model: Health profession students learn cultural safety from an Aboriginal community. *Michigan Journal of Community Service Learning*, 20(1), 5-17.

Knapp, B. J., Stoner, J., Lang, J., Johnson, R., Flenner, R., & Gathambo, M. (2022). An emergency medicine based model for community-engaged learning. *Journal of the American College of Emergency Physicians Open*, 3(3), e12752-n/a. <https://doi.org/10.1002/emp2.12752>

Ko, J., Connor, S., Jonkman, J., & Abraham, O. (2019). Student pharmacists' perspectives on service-learning experiences in free clinics. *American Journal of Pharmaceutical Education*, 83(9), 7379 <https://doi.org/10.5688/ajpe7379>

Kretzmann, J. P., & McKnight, J. (1993). *Building communities from the inside out: a path toward finding and mobilizing a community's assets*. Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University.

Kricsfalussy, V., Zecevic, A., Assanand, S., Bigelow, A., & Gaudet, M. (2017). The frontiers of service-learning at Canadian universities. *Engaged Scholar Journal: Community-Engaged Research, Teaching, and Learning*, 2(2), 87–102. <https://doi.org/10.15402/esj.v2i2.173>

- Kuh, G. D. (2012 [2008]). High-impact educational practices: What they are, who has access to them, and why they matter. *Peer Review: Emerging Trends and Key Debates in Undergraduate Education*, 14(3), 29.
- Landau, A., & Kramer, T. (2024). Reflecting on service: The common denominator. *Undergraduate Journal of Service Learning & Community-Based Research*, 14(2), 50–55. <https://doi.org/10.56421/ujslcb.v14i2.463>.
- Lavery, A., Knight, E., Cole, S., & Metz, S. (2023). Interprofessional collaboration to address social isolation and facilitate intergenerational service learning within graduate education. *Journal of Community Engagement & Higher Education*, 15(1), 14–22.
- Lee, W.K., Harris, C.C.D., Mortensen, K.A., Long, L.M., & Sugimoto-Matsuda, J. (2016). Enhancing student perspectives of humanism in medicine: reflections from the Kalaupapa service learning project. *BMC Medical Education* 16, 137. <https://doi.org/10.1186/s12909-016-0664-7>
- Leroux, J. S., de Lannoy, L., & Baillie, C. P. T. (2023). Disorientation in community service-learning: A phenomenological inquiry. *Pedagogy in Health Promotion*, 00(0), 1-9. <https://doi.org/10.1177/23733799231204023>
- Lewis, S. M., & Strano-Paul, L. A. (2021). A COVID service-learning initiative: Emotional support calls for the geriatric population. *Journal of the American Geriatrics Society (JAGS)*, 69(2), E4–E5. <https://doi.org/10.1111/jgs.17003>
- Lin, C. Y., Loyola-Sanchez, A., Boyling, E., & Barnabe, C. (2020). Community engagement approaches for indigenous health research: Recommendations based on an Integrative Review. *BMJ Open*, 10(11). <https://doi.org/10.1136/bmjopen-2020-039736>
- London, M., & Sanchez, M. (2020). “Becoming proximal” in preclinical medical education: Community engaged learning addressing disparities in care. *Journal of Health Care for the Poor and Underserved*, 31(5), 104–113.
- Lund, D. E., & Bragg, B. (2021). A campus-wide community-engaged learning study: Insights and future directions. *Engaged Scholar Journal: Community-Engaged Research, Teaching, and Learning*, 6(2), 31–51. <https://doi.org/10.15402/esj.v6i2.70729>
- Mackenzie, S.L.C., Hinchey, D.M., & Cornforth, K.P. (2019). A public health service-learning capstone: Ideal for students, academia and community. *Frontiers in Public Health* 7(10). <https://doi.org/10.3389/fpubh.2019.00010>
- Mason, M. R., & Dunens, E. (2019). Service-learning as a practical introduction to undergraduate public health: Benefits for student outcomes and accreditation. *Frontiers in Public Health*, 7:63. <https://doi.org/10.3389/fpubh.2019.00063>
- Mauro, E., Manià, K., Ubels, N., Holroyd, H., Towle, A., & Murray, S. (2024). Reciprocity in community-engaged learning: A case study of an undergraduate knowledge exchange project in an over-researched urban community. *Michigan Journal of Community Service Learning* 30(1). <https://doi.org/10.3998/mjcs1.3795>
- McCullough, T. (2009). Design and implementation of a service learning course and project: The File of Life. *Journal of Community Engagement & Higher Education*, 1(1), 1–7.
- Meredith, G. R., Patchen, A. K., & Baker, A. Z. (2020). Community engaged teaching, research and practice: A catalyst for Public Health Improvement. *Michigan Journal of Community Service Learning*, 26(1), 75-100. <https://doi.org/10.3998/mjcsloa.3239521.0026.106>

Mitchell, T. D. (2008). Traditional vs. critical service-learning: Engaging the literature to differentiate two models. *Michigan Journal of Community Service Learning*, 14(2), 50–65.

Mitchell, T. D., & Chavous, T. (2021). Centering Social Justice in the scholarship of community engagement. *Michigan Journal of Community Service Learning*, 27(1). <https://doi.org/10.3998/mjcsloa.3239521.0027.101>

Mitchell, T. D. & Latta, M. (2020). From critical community service to critical service learning and the futures we must (still) imagine. *Journal of Community Engagement in Higher Education*, 12(1), 3-6.

Mitchell, T. D., Richard, F. D., Battistoni, R. M., Rost-Banik, C., Netz, R., & Zakoske, C. (2015). Reflective practice that persists: Connections between reflection in service-learning programs and in current life. *Michigan Journal of Community Service Learning*, 21(2), 49-63.

Mitchell, T. D., & Rost-Banik, C. (2020). Service-learning cohorts as critical communities. *Educational Studies*, 46(3), 352–367. <https://doi.org/10.1080/03055698.2019.1584855>

Mohammad, I., Berlie, H. D., Lipari, M., Martirosov, A. L., Duong, A. A., Faraj, M., Bacon, O., & Garwood, C. L. (2020). Ambulatory care practice in the COVID-19 era: Redesigning clinical services and experiential learning. *JAACP: Journal of the American College of Clinical Pharmacy*, 3(6), 1129–1137. <https://doi.org/10.1002/jac5.1276>

Nash, W., Mixer, S. J., McArthur, P. M., Mendola, A., Jackson, K., Darlington, C., Spangler, B., Pressley, M., & Conley, E. (2018). Helping persons experiencing homelessness complete advance directives: A model for service learning within a community-academic partnership. *Journal of Community Engagement & Higher Education*, 10(2), 30–38.

Newman Carroll, S., Mombourquette, A., Boxer, M., Williams, R., & Brewer, S. (2021). Indigenous empowerment through community-engaged health education curriculum: Health promotion in a commercial tobacco cessation campaign. *Pedagogy in Health Promotion*, 7(4), 358–365. <https://doi.org/10.1177/23733799211006130>

Norbeck, J. S., Connolly, C., & Koerner, J. (1998). Caring and community: Concepts and models for service-learning in Nursing. AAHE's Series on Service-Learning in the Disciplines. American Association for Higher Education, One Dupont Circle, Suite 360, Washington, DC.

O'Connor, E., Cianciotta, J., & Crête, D. (2021). Exploring student satisfaction in experiential learning at the University of Ottawa. *New Directions for Teaching and Learning*, 2021(167), 23–32. <https://doi.org/10.1002/tl.20456>

Palma, M., Arthofer, A., Halstead, K.M., Wahba, J.M., & Martinez, D.A. (2020). Service learning in health care for underserved communities: University of Iowa Mobile Clinic, 2019. *American Journal of Public Health*, 110, 1304–1307. <https://doi.org/10.2105/AJPH.2020.305755>

Palombaro, K. M., Black, J. D., Dole, R. L., Burns, H. A., Jones, S. A., & Stewart, A. R. (2018). Civic-mindedness development throughout a physical therapy curriculum. *Journal of Community Engagement & Higher Education*, 10(3), 3–16.

Payán, D.D., Zawadzki, M.J., & Song, A.V. (2021). Advancing community-engaged research to promote health equity: considerations to improve the field. *Perspectives in Public Health* 142(3), 139-141.

Pellerano, M. B., Fingerhut, L., Giordano, S., Kaul, E., Baptiste, B., Jimenez, M. E., & Jahn, E. (2023). Community partners' experiences with medical students' service-learning activities. *Health Education Journal*, 82(3), 336-346. <https://doi.org/10.1177/00178969231157698>

- Pfeiffer, K., Baker, H., & Mascorro, A. (2021). Service-learning in a pandemic: The transition to virtual engagement. *The Journal of Nursing Education*, 60(6), 362–363. <https://doi.org/10.3928/01484834-20210520-12>
- Potter, B. A. (2021). Implementation of a service-learning project focused on handwashing and vaccinations within an undergraduate microbiology laboratory course. *Frontiers in Microbiology*, 1178.
- Ratnayake, A. & Lederer, A. (2024). Service learning in public health: A critical assessment of potential benefits and unintended consequences. *Pedagogy in Health Promotion*, 10(1), 11-15. <https://doi.org/10.1177/23733799231177043>
- Riediger, N. D., Cyr, M., & Mignone, J. (2020). An evaluation of an experiential learning program in global and Indigenous health: The University of Manitoba's Queen Elizabeth II Diamond Jubilee Scholarship Program. *Inquiry: The Journal of Health Care Organization, Provision, and Financing*, 57, 1-10. <https://doi.org/10.1177/0046958020951002>
- Rooks, R. N., & Dorsey Holliman, B. (2018). Facilitating undergraduate learning through community-engaged problem-based learning. *International Journal for the Scholarship of Teaching and Learning*, 12(2). <https://doi.org/10.20429/ijstol.2018.120209>
- Ross, L. E., Pilling, M., Voronka, J., Pitt, K.-A., McLean, E., King, C., Shakya, Y., MacKinnon, K. R., Williams, C. C., Strike, C., & Guta, A. (2023). "I will play this tokenistic game, I just want something useful for my community": Experiences of and resistance to harms of peer research. *Critical Public Health*, 33(5), 735–746. <https://doi.org/10.1080/09581596.2023.2268822>
- Sabo, S., de Zapien, J., Teufel-Shone, N., Rosales, C., Bergsma, L., & Taren, D. (2015). Service learning: A vehicle for building health equity and eliminating health disparities. *American Journal of Public Health*, 105(S1), S38-S43. <https://doi.org/10.2105/ajph.2014.302364>
- Santiago-Ortiz, A. (2019). From critical to decolonizing service-learning: Limits and possibilities of social justice-based approaches to community service-learning. *Michigan Journal of Community Service Learning*, 25(1), 43-54. <https://doi.org/10.3998/mjcsloa.3239521.0025.104>
- Scala, J. J., Cha, H., Shamardani, K., Rashes, E. R., Acosta-Alvarez, L., & Mediratta, R. P. (2024). Training the next generation of community-engaged physicians: a mixed-methods evaluation of a novel course for medical service learning in the COVID-19 era. *BMC Medical Education*, 24(1), 426-. <https://doi.org/10.1186/s12909-024-05372-8>
- Schaffer, M.A., Hargate, C., & Marong, K. (2015). Engaging communities in nursing education. *International Journal of Research on Service-Learning and Community Engagement*, 3(1), Article 8. <https://doi.org/10.37333/001c.21570>
- Seifer, S.D. (2002). From placement site to partnership: the promise of service-learning. *Journal of Nursing Education*, 41(10), 431–432. <https://doi.org/10.3928/0148-4834-20021001-03>
- Seifer, S. D. (1998). Service-learning: Community-campus partnerships for health professions education. *Academic Medicine*, 73(3), 273–277. <https://doi.org/10.1097/00001888-199803000-00015>
- Seifer, S.D., & Connors, K. (Eds.). (2007). Faculty toolkit for service-learning in higher education. Community-Campus Partnerships for Health for Learn and Serve America's National Service-Learning Clearinghouse. <https://www.vanderbilt.edu/oacs/wp-content/uploads/sites/140/faculty-toolkit-for-service-learning.pdf>

Seifer, S. D., Hermanns, K., & Lewis, J. (Eds.) (2000). *Creating community-responsive physicians: Concepts and models for service-learning in medical education*. AAHE's Series on Service-Learning in the Disciplines. American Association for Higher Education, One Dupont Circle, Suite 360, Washington, DC.

Self, J., Handforth, B., Hartman, J., McAuliffe, C., Noznesky, E., Schwei, R., Whitaker, L., Wyatt, A., & Webb Girard, A. (2012). Community-engaged learning in food systems and Public Health. *Journal of Agriculture, Food Systems, and Community Development*, 113–127. <https://doi.org/10.5304/jafscd.2012.031.006>

Seperson, S. B., & Hegeman, C. R. (2002). *Elder care and service learning: A handbook*. Auburn House.

Sevin, A.M., Hale, K.M., Brown, N.V., & McAuley, J.W. (2016). Assessing interprofessional education collaborative competencies in service-learning course. *American Journal of Pharmaceutical Education*, 80(2), Article 32. <https://doi.org/10.5688/ajpe80232>

Snider, C.E., Behnke, L., & Fulks, E. (2023). A school of nursing and a community service agency close the gap for rural families with health disparities during COVID-19: A novel approach to clinical education and service-learning. *Journal of Service-Learning in Higher Education*, 16, 93-108.

Spera, M. (2013). Service learning: Bringing awareness to interventions needed within the aging community. *Undergraduate Journal of Service Learning & Community-Based Research*, 2, 1–2. <https://doi.org/10.56421/ujslcb.v2i0.135>

Sperduri, V. R., & Smeltzer, S. (2022). Mental health and service-learning in the Canadian context. *International Journal of Research on Service-Learning and Community Engagement*, 10(1). Article 6. <https://doi.org/10.37333/001c.66278>

Stagg, D. L., & McCarthy, J. (2020). Service learning: A method of instruction for community health content in nursing curriculums. *Teaching and Learning in Nursing*, 15(1), 9–11. <https://doi.org/10.1016/j.teln.2019.07.005>

Strasser, R., Hogenbirk, J., Jacklin, K., Maar, M., Hudson, G., Warry, W., Cheu, H., Dubé, T., & Carson, D. (2018). Community engagement: A central feature of NOSM's socially accountable distributed medical education. *Canadian Medical Education Journal*, 9(1), e33-43. <https://doi.org/10.36834/cmej.42151>

Suresh, A., Wighton, N.M., Sorensen, T.E., Palladino, T.C., & Pinto-Powell, R.C. (2022). A hybrid educational approach to service learning: impact on student attitudes and readiness in working with medically underserved communities. *Medical Education Online*, 27(1), 2122106. <https://doi.org/10.1080/10872981.2022.2122106>

Tapley, H., Houser, J., Idlewine, T., Kiesel, J., Stevens, D., & Tapley, S. (2021). The annual physical therapy visit: Opportunities for service learning in professional education. *Journal of Community Engagement & Higher Education*, 13(3), 1–10.

Thaivalappil, A., Coghlin, R., Bell, C., Dougherty, B., Duench, S., Janicki, R., & Papadopoulos, A. (2023). A mixed-methods assessment of community-engaged learning in a Master of Public Health program. *SAGE Open Medicine*, 11, 20503121231176637–20503121231176637. <https://doi.org/10.1177/20503121231176637>

Tran, T. H., & Fox, K. (2020). Comment on Mohammad et al “Ambulatory care practice in the COVID-19 era: Redesigning clinical services and experiential learning.” *JACCP: Journal of the American College of Clinical Pharmacy*, 3(7), 1390–1390. <https://doi.org/10.1002/jac5.1322>

- Truong, J., Sandhu, P., Sheng, V., Sadeghi, Y., Leung, F.H., Wright, R., & Suleman, S. (2023.) Advocacy in community-based service learning: perspectives of community partner organizations. *Canadian Medical Education Journal*, 14(1), 90-94. <https://doi.org/10.36834/cmej.74887>
- Tuck, E & K.W. Yang (2014). R-words: Refusing Research. In D. Paris and M. T. Winn, Eds., *Humanizing Research: Decolonizing Qualitative Inquiry with Youth and Communities*. Thousand Oaks, CA: Sage Publications.
- Valdes, K., Rider, J., Leach, C., & Manalang, K. C. (2023). The impact of service-learning on occupational therapy doctoral students. *Journal of Service-Learning in Higher Education*, 17, 3-14.
- Vincent, C. S., Moore, S. B., Lynch, C., Lefker, J., & Awkward, R. J. (2021). Critically engaged civic learning: A comprehensive restructuring of service-learning approaches. *Michigan Journal of Community Service Learning*, 27(2), 107–130. <https://doi.org/10.3998/mjcsloa.3239521.0027.205>
- Vlasschaert, C., & Constant, J. (2016). First Nation and medical student perspectives on the participation in culturally immersive learning experiences during medical training. *University of Ottawa Journal of Medicine*, 6(2), 43–45. <https://doi.org/10.18192/uojm.v6i2.1870>
- Warmington, R., Sickand, M., Saliba, L., Snyder, E., Martel, N., Farren-Dai, L., Gruner, D., & Pottie, K. (2014). Global health education locally: A community service-learning program to support refugees, engage medical students, and fill a gap in the community. *Annals of Global Health*, 80(3), 181–181. <https://doi.org/10.1016/j.aogh.2014.08.065>
- Webb, D., Stutz, S., Hiscock, C., Bowra, A., Butsang, T., Tan, S., Scott-Kay, B., & Mashford-Pringle, A. (2023). Indigenous cultural safety trainings for healthcare professionals working in Ontario, Canada: Context and considerations for healthcare institutions. *Health Services Insights*, 16, 11786329231169939-. <https://doi.org/10.1177/11786329231169939>
- Wennerstrom, A., Gibson, J.W. & Krane, N.K. (2018). From classroom to community: The impact of a non-clinical clerkship on fourth-year medical students' ability to address social determinants of health. *Medical Science Educator*, 28, 381–387. <https://doi-org.myaccess.library.utoronto.ca/10.1007/s40670-018-0561-2>
- Wilkins, C. H., & Alberti, P. M. (2019). Shifting academic health centers from a culture of community service to community engagement and integration. *Academic Medicine: Journal of the Association of American Medical Colleges*, 94(6), 763. <https://doi.org/10.1097/ACM.0000000000002711>
- Wong, C.K., Berens, P.M., Katta, M.V., Lie, M., Fall, D., Shah, A., Deen, S., Joshi, M., Keenahan, L., Appelbaum, N., Huynh, P.B., & Poythress, E.L. (2022) From education to action: Development and evaluation of a student-directed service learning program. *Medical Teacher*, 44(5), 541-545. <https://doi.org/10.1080/0142159X.2021.2005242>
- Woodley, S. K., Freeman, P. E., & Ricketts, T. D. (2019). Combining novel research and community-engaged learning in an undergraduate physiology laboratory course. *Advances in Physiology Education*, 43(2), 110–120. <https://doi.org/10.1152/advan.00177.2018>
- Ylitalo, K. R., & Meyer, A. R. (2019). Bringing service into science: Community-engaged service-learning for undergraduate and graduate epidemiology students. *Pedagogy in Health Promotion*, 5(2), 89-98. <https://doi.org/10.1177/2373379918794970>
- Zhou, G., Thayaparan, A., Park, S., Sadeghi, Y., Deimling, B., Wright, R., & Leung, F-H. (2023). Understanding the perspective of community co-educators on community-based service learning: a qualitative analysis. *Canadian Medical Education Journal*. <https://doi.org/10.36834/cmej.76453>

HOW TO CITE THIS GUIDE

Centre for Community Partnerships, University of Toronto. (2025).
*Best Practices for Community-Engaged Learning (CEL) in the Health
Sciences: A Guide for Instructors.*