

Rural Health Professions Education Research Design and Dissemination Studio

**Rural PREP – Online
Hosted by The RTT Collaborative
January 21, 2022**

Introductions

Welcome to a Rural PREP DDS!

Reminders:

1. Rename yourself, if you haven't already done so with the name you wish to go by in group
2. Co-hosts – Patterson and Schmitz
3. Presenters and observers – After the meet and greet, no speaking in groups; and no asking them questions!

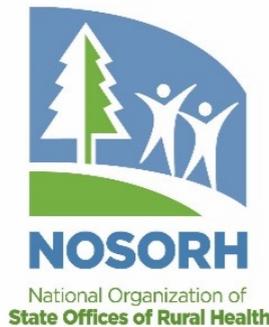
Introductions

Zoom Meet & Greet – 6 minutes (go to assigned group, see list attached to meeting invite)

- In 20-30 seconds, each:
 - Name and where you're from (city, state)
 - Why you agreed to participate in this DDS
- Choose a reporter(s) for your group

Remember: You can leave and re-enter the room via the “Breakout Rooms” pop-up window; and if you “Leave Room,” do not “Leave meeting”

Collaborative for Rural Primary care Research, Education, and Practice



Preparing for rural practice



Advancing Health in America

...to improve and sustain rural health through community engagement and research in rural primary care health professions education.



Community Engagement Studios: A Structured Approach to Obtaining Meaningful Input From Stakeholders to Inform Research

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Abstract

Problem

Engaging communities in research increases its relevance and may speed the translation of discoveries into improved health outcomes. Many researchers lack training to effectively engage stakeholders, whereas academic institutions lack infrastructure to support community engagement.

Approach

In 2009, the Meharry-Vanderbilt Community-Engaged Research Core began testing new approaches for community engagement, which led to the development of the Community Engagement Studio (CE Studio). This structured program facilitates project-specific input from community and

patient stakeholders to enhance research design, implementation, and dissemination. Developers used a team approach to recruit and train stakeholders, prepare researchers to engage with stakeholders, and facilitate an in-person meeting with both.

Outcomes

The research core has implemented 28 CE Studios that engaged 152 community stakeholders. Participating researchers, representing a broad range of faculty ranks and disciplines, reported that input from stakeholders was valuable and that the CE Studio helped determine project feasibility and enhanced research design and implementation. Stakeholders found the CE Studio to be an acceptable

method of engagement and reported a better understanding of research in general. A tool kit was developed to replicate this model and to disseminate this approach.

Next Steps

The research core will collect data to better understand the impact of CE Studios on research proposal submissions, funding, research outcomes, patient and stakeholder engagement in projects, and dissemination of results. They will also collect data to determine whether CE Studios increase patient-centered approaches in research and whether stakeholders who participate have more trust and willingness to participate in research.

Problem

To effectively translate scientific discoveries into improvements in individual and population health, community representatives should be involved in all stages of clinical and translational research.^{1,2} Community involvement can increase the quality and relevance of research,³ yet enhancing public participation in research is one of the central challenges facing clinical research enterprises.⁴ Engaging patients and consumers in research is complex, and current rigorous research training programs

Please see the end of this article for information about the authors.

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generally do not prepare researchers to identify, recruit, and convene stakeholders or prepare them for participation in research.⁵ Without appropriate training or experience, attempts to facilitate community and patient engagement are often ineffective and burdensome and leave stakeholders feeling disenfranchised.⁶

Becoming proficient in community and stakeholder engagement requires training and hands-on experience, which may take years. Consequently, researchers without prior experience have limited options for engaging stakeholders in their research. The infrastructure and incentives at many academic health centers are not well aligned to support community engagement. Significant gaps still exist in the methods used to engage communities in research, and the process is often resource intensive and time consuming.^{6,7}

To address investigators' need for eliciting meaningful patient and community engagement, we developed the Community Engagement Studio (CE Studio), which provides a structured

method for obtaining input from stakeholders to enhance the design, conduct, and dissemination of research.

Approach

With input from its Community Advisory Council, the Meharry-Vanderbilt Community-Engaged Research Core conceived the idea of the CE Studio in 2009. Over the next two years, two Clinical and Translational Science Award (CTSA) administrative supplements financially supported the development of the CE Studio model. A guided approach to patient and community engagement, this model allows researchers to obtain direct input from representative groups. Unlike most methods of community engagement, the CE Studio does not require individual researchers to recruit stakeholders and facilitate involvement. Instead, the CE Studio relies on a faculty/staff team with experience in patient and community engagement to identify stakeholders, prepare the investigator, and facilitate the interaction, minimizing investigator burden and maximizing efficiency.

Studio Objectives

- Strengthen research proposals
- Build a cadre of research-engaged professional and community stakeholders
- Make research more community centered, culturally relevant, and accessible
- Increase the relevance of research to a community of practice in rural health professions education
- Suggest and share strategies for effective dissemination

Studio Outline

- Three - hour workshop:
 - Introduction
 - Research session #1
 - Break – 30 minutes
 - Research session #2
 - Evaluation and Feedback

Studio Framework

- Brief presentation of a proposed, ongoing, or completed research study + a question(s) for the group to consider/answer (12 minutes)
- Clarifying questions (5 minutes)
- Brief participant reflection (1 minute) and assignment to a facilitated Zoom breakout (14 minutes)
- Facilitated discussion on return to main room while researcher listens (15 minutes)
- Researcher reactions, reflection on new ideas, points for follow-up, etc. (5 minutes)

Today's DDS

- **First hour: A study in progress, almost complete**
“Rural Residency Programs: Match Rates and Recruitment Strategies” (Oster)

Break

- **Second hour: A proposed study**
“Curricular Factors Influencing Rural Practice” (Bell)

Final notes regarding roles

- Participants – Bring your perspective to the task
- Facilitators – Keep the group on task and redirect as needed; Recorders – Take notes
- Silent observers – HRSA, researchers
- **Reporters – One in each group who volunteers to report out**
- Zoom meeting manager – Dawn Mollica

Research Study #1

Rural Residency Programs: Match Rates and Recruitment Strategies

Natalia Oster PhD, MPH, Research Scientist

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Questions for studio participants

- What's missing that you would like to know?
- To whom should we disseminate this information, and in what way?

Break – 30 minutes

Research Study #2

Curricular Factors Influencing Rural Practice

Darin Bell MD, Family Physician and Rural
Programs Director

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Questions for studio participants

- What other ways might we gather this information?
- What additional limitations or information are we missing?
- What opportunities might there be to develop a larger/more robust data set across other programs?

Open Discussion

Contact

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David Schmitz: david.f.schmitz@und.edu

Website: <https://ruralprep.org/>

Resources

Longenecker R, Schmitz D, Pollack S, Patterson D. A Design and Dissemination Studio: Building a Scholarly Community of Practice in Rural Health Professions Education and Training, J Health Care for the Poor and Underserved, November 2020, Supplement;31(4):9-17. <https://muse.jhu.edu/article/774184>

Community Engagement Studio process and Toolkit, Meharry-Vanderbilt Community Engaged Research Core and the Vanderbilt Institute for Clinical and Translational Research. <https://vict.vanderbilt.edu/pub/resources/upload/files/CES%20Toolkit.pdf>

Rural Primary Care Health Professions Research Design and Dissemination Studios, The Collaborative for Rural Primary care Research, Education, and Practice (Rural PREP). <https://ruralprep.org/research-scholarship/research-design-dissemination-studios/>

