The community comes to campus: the Patient and Community Fair

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SUMMARY

Background: Community-based learning connects students with local communities so that they learn about the broad context in which health and social care is provided; however, students usually interact with only one or a few organisations that serve a particular population. One example of a community-based learning activity is the health fair in which students provide health promotion and screening for local communities.

Context: We adapted the health fair concept to develop a multi-professional educational event at which, instead of providing service, students learn from and about the expertise and resources of not-for-profit organisations.

Innovation: The fair is an annual 1-day event that students can attend between, or in place of, classes. Each community organisation has a booth to display information. One-hour ‘patient panels’ are held on a variety of topics throughout the day. Evaluation methods include questionnaires, exit interviews and visitor tracking sheets. Over 5 years (2009–2013), the fair increased in size with respect to estimated attendance, number of participating organisations, number of patient panels and number of students for whom the fair is a required curriculum component. Students learn about a range of patient experiences and community resources, and information about specific diseases or conditions.

Implications: The fair is an efficient way for students to learn about a range of community organisations. It fosters university–community engagement through continuing connections between students, faculty members and community organisations. Lessons learned include the need for community organisations to have techniques to engage students, and ways to overcome challenges of evaluating an informal ‘drop-in’ event.
INTRODUCTION

Community-based learning has been introduced into health professional education as a way to connect students with their local communities so that they can learn about the broad context in which health and social care is provided, and contributes to the need for academic institutions to be socially responsible. In community-based education, however, students are usually attached to just one agency or a limited cluster of organisations that serve a particular population or locality, and their learning has a service component. There are few opportunities for students to learn about the range of community organisations and services offered, particularly in relation to patient education and peer support, and to thus become aware of the diversity of interactions experienced by their patients outside the formal health care system. The increasing burden of chronic illness requires a greater connection between doctors or other health professionals and the myriad of not-for-profit and self-help organisations in the community with a mandate to support, educate and advocate for their particular patient or community population. Many of these community-based organisations have important expertise and resources that are of value to health professionals.

One form of community-based learning is the health fair, an outreach activity in which students provide health education and screening tests for people in their local communities: exhibits typically focus on health promotion or disease prevention. Students may come from a single discipline, such as medicine or nursing, or may work in interprofessional teams to plan and run the fair. The fair may be open to the general public or may target a particular group, such as school children.

CONTEXT

We adapted the concept of the health fair to develop a multi-professional educational event at which, instead of providing service, students attend in order to learn from and about the expertise and resources of not-for-profit/consumer organisations: an ‘in reach’ from the community to academia. In this regard it resembles a career fair where students seek information about potential jobs from employers or schools, who each have a table or booth to display information. Characteristics include the opportunity for students to interact with, obtain information about and get to know the exhibitors that particularly interest them during a short period of time.

We have found only two related examples in the medical education literature. Keeley and Pappas briefly describe the community resource fair as a tool for increasing paediatrics and family medicine residents’ knowledge of community-oriented care resources as part of a regular noon conference teaching session. Levin and Rutkow make brief mention of an annual community involvement fair in which community organisations associated with the Student Outreach Resource Centre of Johns Hopkins University set up display booths on campus to highlight the services they provide, and acquaint faculty members and students with potential research and practice collaborators, but no further details are provided.

We describe 5 years of experience with a Patient and Community Fair designed to...
teach health professional students what community resources and expertise are available locally, a model we believe could be replicated by other academic centres. To demonstrate university endorsement of the role that community organisations can play in student education, the fair was held on campus as part of ‘Celebrate Learning’, a week of university-wide activities that feature innovative teaching and learning.

INNOVATION

Description of the fair
The fair is planned by a multi-professional committee of students and faculty members, along with representatives of community organisations. Invitations to participate in the fair were sent initially to community agencies with an existing connection to our health professional programmes; both they and faculty members recommended additional organisations. Selection criteria include: not-for-profit/voluntary health (service) community organisation; active involvement in education (e.g. of health professionals, researchers, service providers, public); able to provide at least one representative for the duration of the fair; able to bring along at least one service user. Each exhibitor receives an information package that includes the purpose of the fair and tips to encourage student interaction (Box 1), and is given a booth to display their resources.

The fair is a one-day ‘drop in’ event held in a large atrium of the university Life Sciences Centre. Each visitor receives a booklet that contains a brief description of each exhibiting organisation. Students can attend between, or in place of, classes. The first fair did not have specific learning objectives, but based on a post-fair questionnaire and exit interviews of students, we developed broad objectives consistent with their reported learning outcomes (Box 2).

Throughout the day, inside classrooms, 1-hour ‘patient panels’ comprising between three and five speakers, are held on a variety of topics. Each speaker presents their experiences for 5–10 minutes, followed by a moderated question and answer period. Topics are suggested by students (in post-fair evaluation surveys) or are requested by faculty members: the final selection is made by the Planning Committee (Box 2). Panelists and moderators are recruited through community organisations attending the fair, faculty contacts and invitations to community educators involved in other educational activities.\textsuperscript{9,10} Students pre-register online for the panels.

Methods used to advertise the fair include e-mail lists, posters, websites, Facebook and faculty announcements. Students are also recruited as volunteers to perform the many tasks that help the fair to run smoothly, such as assisting community representatives set up exhibits, registering visitors, making coffee and assisting with the collection of evaluation data.

Evaluation methods and challenges
There are major challenges in collecting evaluation data at

Box 1. Tips for exhibitors to encourage student interaction (developed by the Fair Planning Committee)

- Be approachable and positive: don’t wait for students to make the first move and don’t hide behind the table.
- React calmly and politely to any inappropriate questions or behaviour by suggesting a better way of saying or doing something.
- Limit critical remarks about the health care system and focus on things that work.
- Have a minimum of two people at your booth at all times: it is less intimidating for students’ and will help when there is a rush of students.
- Organise exhibit volunteers in short shifts to minimise fatigue.
- Small giveaways or games attract students’ attention and open up dialogue.
- Get creative and find your own ways to generate dialogue.
an informal open event, held in a ‘public’ space, which is by definition unstructured, with many comings and goings, often with students arriving in crowds at the end of classes. Over the years we have tried a variety of methods to obtain information about the numbers and types of people who attend the fair, what they do and what they learn. Ethics approval for all evaluation activities was obtained from the university Behavioural Research Ethics Board.

Data collection methods are modified based on what we learn each year. They have included direct observation, registration forms, visitor tracking sheets, exit interviews and post-event questionnaires. After several experiments we found that the easiest way to get post-fair data is to register people in a draw for door prizes, and subsequently use their e-mail addresses to send out a questionnaire. Asking community organisations to record the number of visitors to their exhibit also works well because they are motivated to collect this information for their own purposes; however, there are often inconsistencies in the way that tallies are scored, and not all tally sheets are returned. Brief exit interviews with a convenience sample of students as they leave the fair successfully captures immediate student reactions, but do not need to be repeated every year as data saturation is soon reached and reflects similar information captured by questionnaires.

OUTCOMES

Over 5 years (2009–2013) the fair increased in size with respect to estimated attendance (from >240 to >500; about 80% are students); number of participating organisations (from 20 to 38), number of patient panels (from three to seven) and number of students for whom the fair is a required curriculum component (from zero to 350). Students come from all health disciplines as well as from pre-med programmes. Faculty members from dental hygiene, genetic counselling, medicine and occupational therapy require their students to attend the fair because they see its educational value and that it fits with their course objectives. More than 60 organisations have participated in the fair over the 5 years; 14 have attended them all. The organisations attending fall into three categories: disease or condition based (e.g. epilepsy, mood disorders); population based (e.g. people with disabilities, seniors); and cultural groups. Students and community representatives both rate the fair highly, and in free text comments students identify important learning outcomes (Box 3) and community organisations report benefits (Box 4). Students especially like exhibits where patients or service users themselves are present, feature conditions they know little about, offer lots of resources, or are relevant to topics in their current classes or own lives. Additional information on student learning outcomes could be obtained by follow-up within programmes that require their students to participate.

IMPLICATIONS

Our experience in planning and running five fairs has generated lessons that are of general applicability to anyone wanting to implement this kind of learning experience (Box 5). The main problems have been scheduling and finding sustainable funding. The total cost of the fair is about $CAN10 000, excluding volunteer time: major costs are for coordination, evaluation, catering, space and booth rentals, publicity and communication. The fair achieves several goals in addition to helping students learn about a range of community organisations and resources in a multi-professional setting. As our university is some distance from the city centre, bringing organisations to campus is a more efficient use of

Box 2. Fair objectives and patient panel topics

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<th>Fair objectives</th>
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<td>• Learn about patient and community organisations and what they do.</td>
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<td>• Learn about examples of resources available in the community for health</td>
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<td>professionals and their patients or clients.</td>
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<td>• Learn from patients, clients and community members about their experiences</td>
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<td>of living with illness or disability and of interacting with health</td>
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<td>professionals and the health care system.</td>
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<th>Patient panel topics</th>
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<td>• Experiences of chronic health concerns</td>
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<td>• Experiences of the health care system</td>
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<td>• Barriers to health care communication</td>
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<td>• Living and communicating with aphasia</td>
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<td>• Living a life of recovery with mental illness</td>
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<td>• Cultural diversity in health care</td>
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<td>• Health and money</td>
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<td>• Illness and spirituality</td>
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<td>• Indian Residential School Survivors Society</td>
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Box 3. Student evaluations and learning outcomes

Student ratings: About 300 students in the past 3 years responded to an e-mail request for rating on a scale from 1 (worst) to 5 (best), compared with other learning experiences. A majority (60%) rated the fair as 4 or 5, and 80 per cent rated the patient panels as 4 or 5.

Students estimate that they visited between six and 10 exhibits.

What students learn at the fair

Free-text responses to the question ‘What did you learn?’ were categorised into five themes.

1. The range of community resources (45% of comments)
   ‘That vast number and diversity of resources and organisations in the community exist to help patients function outside the immediate health care setting. The level of commitment of each community health organisation is very inspiring.’ First-year medical student

2. Disease-specific information (17%)
   ‘I learned quite a bit about scleroderma; which I had not heard of before. One person living with the disease let me feel her thumb so I could appreciate the ways to clinically recognise the thickened skin on the hands.’ First-year medical student

3. Patient experiences (15%)
   ‘This event really opened my eyes to how certain diseases can impact a person’s life so much. In our classes we learn about the signs and symptoms and treatment but what we don’t learn about is how it affects a person’s day-to-day life and how they manage to get through their treatment with a positive attitude. It was really interesting to be able to talk to some of the people who live with the different conditions and diseases. Learning it in the classroom is one thing; but to be able to talk to someone who has battled treatments is a whole different experience.’ First-year pharmacy student

4. Diagnosis/treatment (4%)
   ‘I learned about the recent advances in CFS/FM (chronic fatigue syndrome/fibromyalgia) research.’ First-year medical student

5. Barriers/gaps in health care (4%)
   ‘I learned about barriers to communication and how important it is to listen to the patients because they know best about what is going on in their bodies.’ First-year medical student

What students learn at the patient panels

Free-text responses to the question ‘What did you learn?’ were categorised into eight themes.

1. Patient experiences (52% of comments)
   ‘Always a pleasure to hear speakers who share their personal stories. Variety of speakers made the learning more exciting. I learned very important lessons like the difficulty of having an ‘orphan disease’. I think this is one of the learning experiences I may never forget (even though I may forget lots of lecture material).’ First-year medical student

2. Rare and disease-specific information (13%)
   ‘I learned about a health condition I had not heard of before.’ First-year occupational therapy student

3. Communication skills (10%)
   ‘I learned a lot about the varying degrees of aphasia and ways that you can improve your communication as a healthcare professional with them.’ First-year medical student

4. Barriers to health care (10%)
   ‘It was frustrating to hear that there is so much evidence of the value in approaching health from a community perspective, yet the government is making cuts to social programmes. Systemically reducing poverty or providing better access to community services is difficult to do as one person. For now, I will try my best to raise awareness of the importance of the social determinants of health and to think with an open, inclusive, and understanding attitude.’ Third-year kinesiology student

5. Diagnosis and treatment (9%)
   ‘Peer support is very influential in helping individuals recover from a mental illness.’ First-year medical student

6. Cultural issues (5%)
   ‘I learned to think about culture as being individually determined. Also in general language barriers can pose a lot of problems in health care – be sensitive to these situations…i.e. interpreters may be needed.’ First-year occupational therapy student

7. Community resources (4%)
   ‘Many people who have recovered or are recovering from mental illness set up groups to help others.’ First-year medical student
Very meaningful conversations with students. The interest level was amazing compared with other events I have attended.

Box 3. (continued)

8. **Patient-centred care (3%)**

‘Hearing their stories and being forced to confront with myself any prejudices and assumptions I previously held towards mentally ill patients.’ **First-year pharmacy student**

1Narrative comments from 266 interviews and surveys, 2009–2013.
2Narrative comments from 206 interviews and surveys, 2010–2012.

Box 4. Community evaluations

**Community ratings:** Over 3 years, 59 exhibitors rated this fair compared with other fairs that they attend. On a five-point scale (1, worst; 5, best), 85 per cent rated it 4 or 5.

Each organisation recorded between 29 and 105 visits to their exhibit.

**Highlights for exhibitors were:** Interactions with students (45%) and networking with other organisations (42%) (cumulative data from 112 surveys):

- ‘Very meaningful conversations with students. The interest level was amazing compared with other events I have attended.’
- ‘The possibility to meet and connect with the students and share with them our information. Most of them were really interested in our work and wanted to be more involved with our organisation to help the francophone community.’
- ‘Inspiring questions from UBC [University of British Columbia] students’
- ‘Variety of the participating organisations and their expertise/resources!’
- ‘To be able to network with many organisations who were doing similar projects or future collaborations.’

Box 5. Lessons learned

- Linking the fair to a university-wide event provides benefits such as space, advertising, publicity, legitimacy, a funding contribution from the provost’s office, and welcome letter to the community organisations from the president. It validates the expertise residing in community organisations and makes tangible the recognition that the university can learn from the community (in-reach rather than outreach).
- There is a need for community organisations to have techniques to engage students and help them overcome initial embarrassment or anxiety (see Box 1).
- Multiple approaches and many volunteers are needed to overcome the challenges of evaluating an informal ‘drop-in’ event in an open space, with students arriving en masse episodically.
- Faculty member support to promote the fair or require students to attend is the most effective way to ensure attendance, although it may be impossible to find a day of the week that will permit students from all professions to attend.

for patient and community involvement in education at the university.

REFERENCES

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