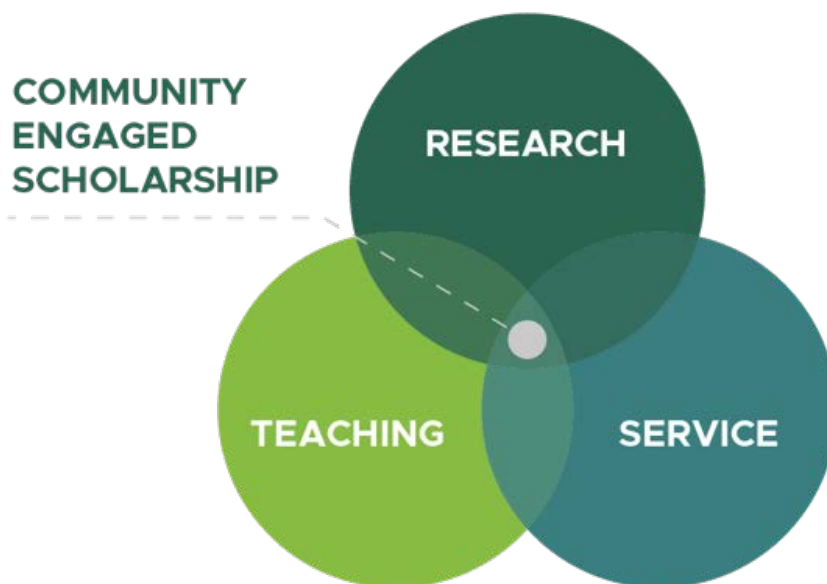**Geisel Model of Community Service Learning**

Definition of Community Engaged Scholarship

As defined by the UCLA's Academic Senate[1], Community Engaged Scholarship includes research or scholarship conducted in partnership with non-academic organizations and community scholars and practitioners.

Such partnerships create opportunities for the mutually beneficial exchange of knowledge and resources that make a positive contribution to both the academic community and to the public good.

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[1] https://senate.ucla.edu/committee/cap/guidance/community-engaged-scholarship

Geisel Model of Community Service Learning

The Geisel model of community service learning is based on ethical principles and processes to continuously engage community voice throughout the project.

Step-by-Step Guide to the Geisel Process for Community Engaged Scholarship

Community Engaged Scholarship Processes: A Health Equity Approach

Step 1: Respond to a community-identified need

Too often, the need is determined by academia or the health system, and projects do not match the community's priorities. Implementers come with a deficit approach rather than an assets-based lens. This mismatch undermines community trust. Collaboration, power sharing, and solution co-creation are

possible only when community priorities inform the use of resources. Responsiveness to the community voice is demonstrable through focus groups, surveys, and CHNA (community health needs assessments).

Step 2: Identify community partners

Partners may generate the request for innovation, research, implementation, and/or improvement. A community partner often represents a community-based organization. A partner has the authority to sign a memorandum of understanding (MOU) with sponsors and/or implementers. A partner has time available to engage in co-creating project priorities and solutions. Partners participate in project implementation, monitoring, and process improvement.

Step 3: Ensure alignment between sponsors, partners, and implementers

Partners should have a shared commitment to eliminating health inequities through co-creation. Implementers should bring subject matter expertise that complements community expertise. Sponsors should supply necessary and sufficient funding for project success.

Step 4: Innovation co-creation

PICO statements are valuable for clarity of communication among partners regarding who is doing what, with or for whom, where, and when.

- **P**opulation-Innovation-Comparison-Outcomes
- **I**nnovation (or intervention)
- **C**omparison group (pre/post knowledge assessment in the same population, between groups, or pre/post health assessment)
- **O**utcomes: What is being monitored for healthy change?

Power sharing among community partners, sponsors, and implementers is critical during the development of the PICO statement, SMART objectives, budget preparation, risks/benefits assessment, and MOU preparation.

Step 5: Implementation, Monitoring/Evaluation, Process Improvement

No benefit can be documented, no unanticipated harms identified, and no processes can be improved without robust monitoring and evaluation that includes community partners. Underlying ethical principles include beneficence, respect, nonmaleficence and justice. Consider the use of a Plan, Do, Act, Study (PDSA) cycle to provide structure for monitoring and evaluation.[2]

Step 6: Reflection

Reflection is a critical component of ethical community engagement. Reflection, conducted with the community partners, implementers, and sponsors, permits a more wholistic evaluation of a project's impact. Cultural and contextual considerations can guide the implementers/researchers and partners to a shared understanding. Reflection deepens understanding of leadership, power sharing, and civic engagement related to community health and flourishing.

Step 7: Report Project Outcomes

Reporting must include the relevant engaged community, sponsors, implementers and academic homes. Results should be disseminated for the benefit of all. Success should be celebrated and the contributions of all partners should be acknowledged. Sponsors have a legitimate expectation of receiving formal outcomes reports, with lessons learned. Publications and formal presentations should include community partners. Community gatherings, city council or town hall meetings are appropriate venues for reporting outcomes.

Step 8: Plan for sustainability, expansion, or transfer to a community partner or termination of a project

Community feedback, effective project execution, funding, human resource availability, harm to benefit ratio, and measured positive health changes help determine whether a project should iteratively continue or be terminated.

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[2] Taylor MJ, McNicholas C, Nicolay C, et al Systematic review of the application of the plan–do–study–act method to improve quality in healthcare BMJ Quality & Safety 2014;23:290-298.