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ORIGINAL RESEARCH

Exploring community partner perspectives on community-based service learning: paving a future for program flexibility in medical education

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Abstract

Background: Community-based service learning (CBSL) is a core component of undergraduate medical education across Canada, conducted in collaboration with community partner organizations (CPOs) that act as co-educators. While prior literature highlights the utility of CBSL for medical trainees, the perspectives of CPOs remain largely unexplored. This qualitative, descriptive interview study explored CPOs' perspectives on CBSL program structure, timing, and delivery.

Methods: Using purposive sampling, n = 14, CPOs partaking in the Temerty Faculty of Medicine's CBSL program were recruited from seven disciplines: accessibility, advocacy, mental health and addiction, programs for newcomers, senior services, food bank and housing support, and community service. One to two CPOs were recruited from each discipline, achieving a 23% response rate. We conducted semi-structured interviews with each CPO and analyzed data using Braun and Clarke's reflexive thematic analysis.

Results: We identified five overarching themes and two subthemes: 1) CPOs' varied perspectives on placement format and duration; 2) preference for accommodation of session timing and regularity; 3) placements reciprocally benefit students and communities; 4) factors limiting student engagement; and 5) institutional resources influence partnership success. CPOs emphasized that flexibility in scheduling and delivery, combined with core structured elements, supports student engagement, promotes continuity, and enhances the educational impact of CBSL placements.

Conclusions: Our study provides a partner-informed framework for CBSL design, highlighting flexibility as a foundational principle to optimize reciprocal benefits for students and community organizations. Integrating CPO perspectives strengthens program sustainability, deepens student engagement in community contexts, and offers a model applicable to higher education programs across Canada.

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Exploration des points de vue des partenaires communautaires sur l'apprentissage par le service communautaire : ouvrir la voie à une plus grande flexibilité des programmes dans la formation médicale

Résumé

Contexte : L'apprentissage par le service communautaire (ASC) est un élément central de la formation médicale de premier cycle au Canada. Cette approche est menée en collaboration avec des organisations partenaires communautaires (OPC) qui jouent le rôle de co-formateurs. Alors que la littérature existante souligne l'utilité de l'ASC pour les étudiants en médecine, les points de vue des OPC demeurent largement inexplorés. Cette étude qualitative descriptive, menée sous forme d'entretiens, a exploré les points de vue des OPC sur la structure, le calendrier et la mise en œuvre des programmes d'ASC.

Méthodes : À l'aide d'un échantillonnage raisonné (n = 14), des OPC participant au programme d'apprentissage par le service communautaire de la Faculté de médecine Temerty ont été recrutées dans sept thématiques : accessibilité, défense des droits, santé mentale et toxicomanie, programmes destinés aux nouveaux arrivants, services aux personnes âgées, aide alimentaire et aide au logement, ainsi que des services communautaires. Une à deux OPC ont été recrutées pour chaque thématique, ce qui a permis d'atteindre un taux de réponse de 23 %. Nous avons mené des entretiens semi-structurés avec chaque OPC et analysé les données à l'aide de l'analyse thématique réflexive de Braun et Clarke.

Résultats : Nous avons identifié cinq thèmes généraux et deux sous-thèmes : 1) les points de vue variés des OPC sur le format et la durée des stages ; 2) la préférence pour une adaptation des horaires et de la fréquence des sessions ; 3) les stages profitent tant aux étudiants qu'aux communautés ; 4) les facteurs limitant l'engagement des étudiants ; et 5) les ressources institutionnelles influencent la réussite du partenariat. Les OPC ont souligné que la flexibilité dans la planification et la mise en œuvre, combinée à des éléments structurés fondamentaux, favorise l'engagement des étudiants, assure la continuité et renforce l'impact pédagogique des stages ASC.

Conclusions : Notre étude fournit un cadre de conception du programme ASC fondé sur les contributions des partenaires, mettant en avant la flexibilité comme principe fondamental pour optimiser les avantages réciproques pour les étudiants et les organisations communautaires. L'intégration des points de vue des OPC renforce la pérennité du programme, approfondit l'engagement des étudiants dans les contextes communautaires et offre un modèle applicable aux programmes d'enseignement supérieur à travers le Canada.

Background

Social accountability has become a central mandate of undergraduate medical education, emphasizing the responsibility of medical schools to align education, research, and service with the priority health needs of the communities they serve.[1,2] Community-based service learning (CBSL) represents one of the primary educational approaches through which this mandate is operationalized. Implemented across various Canadian medical schools, including the University of Toronto (UofT), University of Manitoba, and Dalhousie University,[3,4] as well as adjacent allied health programs,[5–8] CBSL offers students valuable engagement with community organizations that provide critical health and social services. By situating learning outside traditional clinical environments, it fosters students' understanding of health equity, the social determinants of health (SDOH), advocacy, and their professional responsibilities as socially accountable physicians.[9–13]

One of several programs at UofT's Temerty Faculty of Medicine that integrates CBSL is the Undergraduate Medical Education (UME) program, embedded within the *Integrated Clinical Skills: Health in Community (ICE:HC)* curriculum. Second-year medical students complete 10 field sessions across the academic year, alongside tutorials and advocacy seminars, in collaboration with community partner organizations (CPOs) that serve as co-educators.[4,14] These placements are supplemented by evaluative small group discussions and reflection activities.

Despite widespread adoption, the optimal approaches for structuring CBSL partnerships to best meet the needs of students, communities, and agencies remain insufficiently defined. Hunt et al. examined service-learning in medical education to identify substantial heterogeneity in program objec--ives, duration, community engagement strategies, and assessment across medical schools, suggesting there is no established model for designing effective community partnerships.[15] Similarly, recent qualitative work by our research group at a Canadian urban medical school found that CPOs held diverse–and sometimes conflicting–expectations and perceptions regarding their educational roles, ranging from facilitating student exposure to underserved communities to contributing to curriculum development.[4] These findings build on international literature from the United States (US), Asia, and the Middle East evaluating the utility of CBSL in undergrad--ate medical education.[16,17] Together, these studies suggest that while CBSL is widely valued, there remains limited consensus regarding how partnerships should be structured to support reciprocal benefit for students, community organizations, and medical schools.

Although prior literature has demonstrated that CBSL improves students' understanding of underserved communities and their health needs,[10,11,13,18] far less attention has been paid to the experiences of CPOs themselves, despite their central role as co-educators. Consequently, relatively little is known about how community partners perceive program design, how logistical decisions influence their ability to participate, or what constitutes a mutually beneficial partnership from their perspective. This imbalance limits the ability of medical schools to evaluate CBSL using principles of reciprocity and authentic community engagement.[12]

Consistent with this gap, previous qualitative work involving community partners highlighted that CPOs value their roles as co-educators and identified opportunities to strengthen collaboration with medical schools, including greater faculty engagement and future partnerships once trainees enter practice.[4,11] However, CPOs also emphasized that existing placement structures, such as the fixed Thursday sessions, often limited their ability to fully realize previously mentioned benefits.[19–23] These findings highlighted the need for a more nuanced understanding of how logistical aspects of CBSL, including placement timing, duration, and delivery influence both educational experiences and community impact. This is particularly salient given that many programs rely on predetermined scheduling models that may not accommodate agency workflows[15-23] or account for the trade-offs between educational priorities and service delivery needs.

To address these gaps, we conducted a qualitative descriptive study exploring CPOs perspectives on

optimal timing, duration, and delivery of CBSL placements within the Temerty Faculty of Medicine's UME program. Building on limited prior work, our study engaged a diverse set of CPOs through semi-structured interviews.[11,21] By centering CPO voices, we aimed to advance a more collaborative and adaptable CBSL framework that strengthens reciprocal community partnerships and informs best practices for medical education across Canada.

Methods

Study design

Our qualitative descriptive interview study used semi-structured interviews and reflexive thematic analysis to explore CPOs' perspectives regarding the structure, timing, and delivery of CBSL placements. Qualitative description is well suited to applied health research seeking to capture participants' experiences while remaining closely grounded in their perspectives. This approach allowed us to obtain participants' experiences across diverse community sectors and identify shared and divergent perspectives relevant to curriculum redesign.[24,25] Additionally, reflexive thematic analysis enabled the identification and interpretation of patterns of meaning while acknowledging the active role of researchers in the analytical process.

Within the *ICE:HC* curriculum, sessions have traditionally been scheduled as 10 Thursday afternoon sessions throughout the academic year. Students are assigned to a single CPO for the duration of the scholastic year. Within each placement, students engage with agencies to define what projects or activities they will participate in, which may include program development, resource creation, or advocacy-related initiatives. Some students have client-facing interactions while others work asynchronously, depending on the organizations' mandate. Learning objectives are guided by the *ICE:HC* curriculum and further defined by the students and their supervisors based on the assigned CPO's specific context and needs.

Research ethics approval was granted by the University of Toronto Research Ethics Board (REB-46808). All participants were informed of study procedures and provided written consent prior to the interviews. Interviews were conducted one-on-one via Zoom©, ranged from 30-60 minutes in duration, and were audio-recorded, transcribed verbatim, and de-identified for participants' confidentiality. Data collection and analysis procedures followed established qualitative research standards, and this manuscript was written in accordance with the Standard for Reporting Qualitative Research.[26]

Selection strategy and participants

Over the past seven years, the Temerty Faculty of Medicine CBSL program has partnered with >300 CPOs, with >60 active partners annually; only currently active CPOs were invited to participate in the study. Inclusion criteria included: 1) Current supervisors of CPOs in the CBSL curriculum; 2) English-speaking; 3) over 18 years of age; and, 4) able to provide informed consent.

To achieve maximum variation and ensure a representative sample across diverse organizational contexts, our research team categorized the active agencies into seven broad disciplinary groupings based on the types of placements offered: (1) accessibility; (2) advocacy; (3) mental health and addiction; (4) literacy services and programs for newcomers; (5) senior services; (6) food bank and housing support; and (7) community-based services. Using purposive sampling, we aimed to recruit approximately two participants per discipline and intentionally sought variation in organizational tenure with the CBSL program (e.g., long-standing partners with active participation for ≥5 years and newer partners with ~1 year of involvement) to capture a wide range of operational perspectives (Figure 1). This also enriched our understanding of the program's evolution over the years.

We conducted recruitment through a university-affiliated email account and telephone outreach. Agencies were contacted at study initiation, re-contacted after two weeks, and eliminated from the recruitment list if no response was received following

an additional two-week period. We discontinued the recruitment of additional CPOs when: 1) representation from each discipline was achieved; and 2) thematic saturation was evident during debriefing meetings every two weeks. Of the n = 60 CPOs contacted, the response rate was 23%, yielding 14 participating organizations, with at least one CPO represented in each disciplinary grouping.

Data collection

A semi-structured interview guide (Appendix A) was developed a priori to elicit information on the following: organizational context, length and nature of involvement with the CBSL program, the types of projects or placements offered to students, and perspectives on placement timing, duration, delivery mode, as well as perceived value. We utilized open-ended as well as hypothetical case-based scenarios to further explore preferences and trade-offs (e.g., structure vs. flexibility). Three researchers (AK, LAE, MAA) well-familiarized with the structure of the CBSL program individually conducted the interviews between July and September 2024. All interviews were audio-recorded, professionally transcribed verbatim, and assessed for accuracy by the research team prior to analysis. We included all completed interviews in the final analysis, minimizing the risk of selection bias.

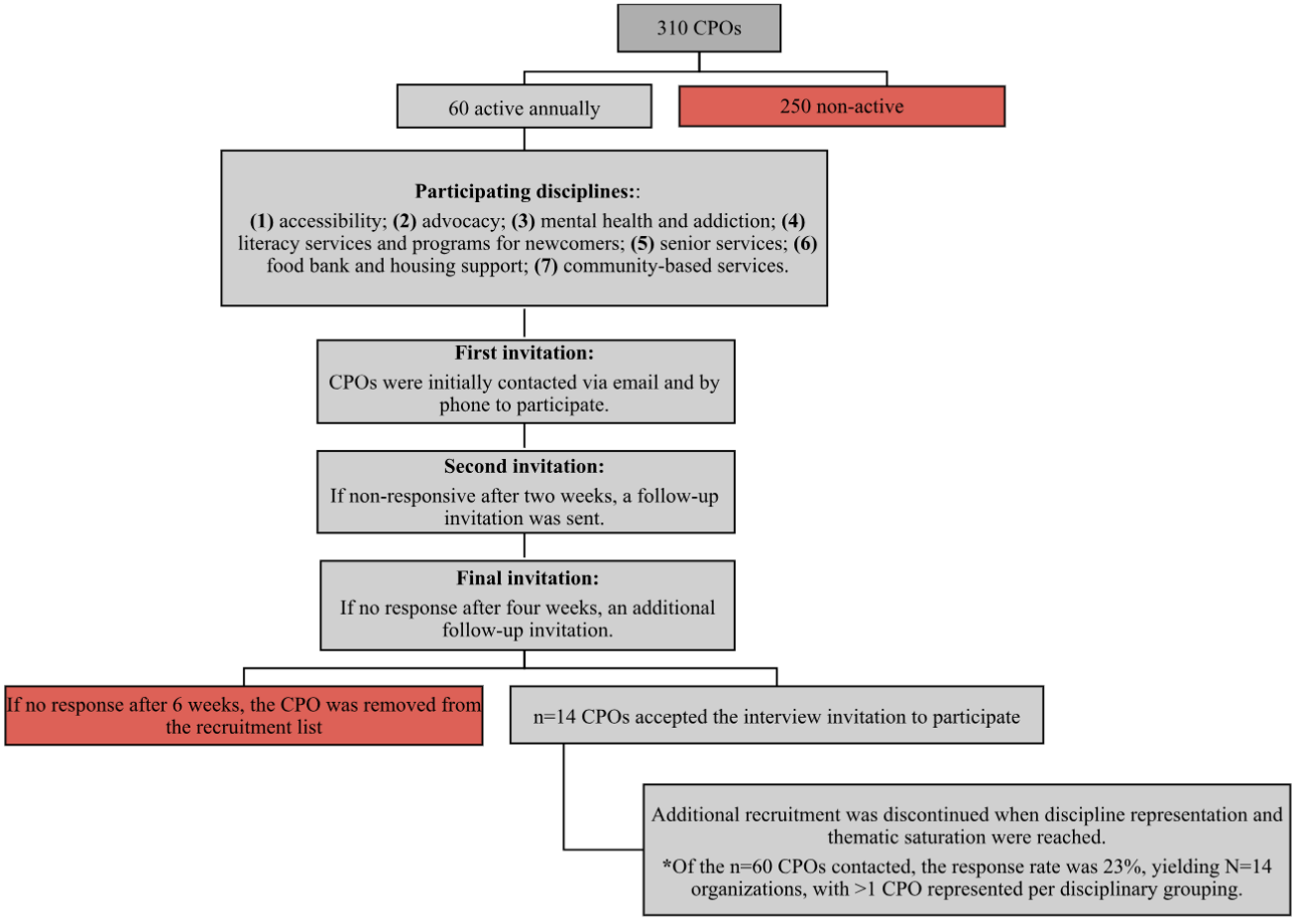


Figure 1. Sampling Techniques and CPO Recruitment.
Using purposive sampling, one to two CPOs were recruited per discipline. We intentionally sought variation in organizational tenure with the CBSL program (e.g., long-standing partners with active participation for ≥5 years and newer partners with ~1 year of involvement) to capture a wide range of operational perspectives.

Data analysis

We analyzed the data using reflexive thematic analysis as Braun and Clarke described.[27,28] We independently familiarized ourselves with the fourteen de-identified transcripts. Initially, we coded the transcripts inductively and generated preliminary codes based on interview answers. We then met every two weeks to discuss coding, explore alternative interpretations, and refine the analysis through reflexive discussion rather than consensus-building. Subsequently, we combined the codes into candidate themes and iteratively reviewed the coded extracts, full dataset, and study objectives. Themes were refined and finalized through ongoing data engagement, team reflexivity, and debriefing with the principal investigator (PI, FHL).

Positionality and reflexivity

Our research team comprised three investigators affiliated with the Temerty Faculty of Medicine who were familiar with the CBSL program and its curricular objectives. Interviews were conducted by LAE and MAA, medical students at UofT, and AK, a graduate student at UofT. All interviewers were trained to conduct in-depth interviews by the PI, FHL, a qualitative researcher with over eight years of experience directing the *ICE:HC CBSL* program, providing in-depth contextual knowledge of program design and implementation. This training involved review of qualitative interviewing principles and feedback from our PI to ensure consistency in questioning and probing techniques. There was no formal competence checklist; training was considered complete once the PI was satisfied with interview quality during the initial sessions. The research team had no prior professional relationships with any of the study participants.

The research team acknowledged that our institutional affiliation and familiarity with the CBSL curriculum could influence data collection and interpretation, particularly through assumptions regard-ng program strengths and challenges. We inte-rated reflexivity throughout this study by using open-ended questions and prompts to encourage participants to articulate their perspectives freely. During data analysis, we engaged in ongoing reflexive dialogue with our PI during the team meetings to examine how our positionality, disciplinary backgrounds, and educational roles may shape coding decisions and theme development. We further supported analytic rigour and transparency through iterative refinement of codes and themes and maintenance of an audit trail documenting analytic deci-ions. Rather than seeking to eliminate researcher subjectivity, these practices allowed us to critically consider our role in the analytic process while remaining closely grounded in CPO perspectives.

Results

We conducted semi-structured interviews with n = 14 CPOs serving diverse populations, including individuals who are precariously housed, newcomers, adult and paediatric patients with diverse conditions and abilities (e.g., mental or physical illness, intellectual, or medical disabilities). Our reflexive thematic analysis identified five overarching themes and two subthemes that capture how CPOs conceptualize effective CBSL delivery and the conditions under which placements generate meaningful educational and community impact. Descriptions of each theme and subtheme are provided (Ta-le 1).

1. CPOs held varied perspectives on placement format and duration

CPOs expressed varied perspectives on placement length, but discussions consistently centered on how duration influenced continuity and project feasibility. While some organizations view the existing multi-session model as adequate, others emphasize that community-based projects typically extend beyond discrete time-bound placements: "the projects will never fully be completed…they will grow into something else and get picked up later" (CPO #1).

Several CPOs suggest that extended or more regularly scheduled placements would support sustained engagement, particularly during periods of high client activity. One organization noted that "at least 10 to 15 sessions throughout the year" would be more appropriate when students were involved in intensive client-facing work (CPO #2). Others emphasize distributing sessions over a longer timeframe to balance continuity with organizational capacity: "varying the schedule…so it is stretched out over 10 months" (CPO #3).

Across interviews, placement duration was not described as inherently beneficial or burdensome; rather, CPOs framed it as a flexible lever that must align with organizational workflows and the nature of the work being undertaken.

Subtheme 1: Retaining structure while allowing for flexibility. CPOs consistently identified a tension between the need for predictable scheduling and the realities of community-based work, which often involves changing client needs or emergent priorities. Fixed scheduling was seen as beneficial for client reliability and planning, while flexibility was necessary to respond to "if emergencies or crises that happen on that scheduled date. Then we can change it to another day." (CPO #4). In addition, not only would this flexibility be beneficial to accommodating clients, but it would also allow for more participation from "staff, and maybe even some of the community volunteers" (CPO #5). Importantly, CPOs emphasized that adopting such flexibility required clearly defined parameters to ensure accountability and productive use of students' time:

> *When we meet with students, we are not meeting with them for a full 3 or 4 hours, but we will do a check in, and they will spend the remainder of the block of time working within the group* (CPO #5).

This balance between flexibility and structure was described as critical to maintaining both educational quality and service integrity, suggesting that effective CBSL models must integrate adaptability within clearly defined expectations.

Subtheme 2: CPOs advocate for adaptable delivery modes: in-person vs. online. Preferences regarding delivery mode reflected broader considerations of scale, geography, and relational engage--ent rather than categorical endorsement of in-per--on versus virtual formats. Virtual platforms were viewed as enabling participation across geographic regions and supporting engagement with large student cohorts:

> *Well, it works for us on Zoom to meet [with the student groups]. It is not as effective for us to do things in person, [as the] last group we had 32 or 30 [students]* (CPO #3).

However, in-person interaction was widely perceived as offering greater relational depth and experiential learning, particularly for community engagement and trust-building. Some CPOs noted that this sentiment extended to students who were "disappointed to not have in-person opportunities" (CPO #3) which were "very beneficial" (CPO #1). Ultimately, this highlights the value of adaptable delivery models that allow intentional selection of modality based on placement goals, rather than uni--orm program-wide requirements.

Table 1. Main themes and subthemes descriptions identified through the interviews with CPOs.

Theme	Description
Placement Format and Duration	Encompasses concerns about the duration of placements, including whether they are long enough for students to contribute meaningfully or too short for agencies to benefit fully.
Subtheme: Delivery Mode: In-Person vs. Online	Captures agency perspectives on the pros and cons of virtual vs. in-person placements, including the impact on interaction quality.
Subtheme: Balancing Structure and Flexibility	Balances the need for flexibility (to handle emergencies or unexpected challenges) with the preference for a structured schedule.
Session Timing and Regularity	Addresses the sporadic nature of sessions, challenges of maintaining consistency, and agency preferences for session frequency and timing.
Mutual Value and Impact	Highlights the perceived benefits to both the students (skills development, exposure) and the agencies (support, impact on clients).
Motivation and Student Engagement	Covers whether students are adequately prepared for their roles, explores student motivation, accountability, and how engagement levels affect their contributions to the agency.
Agency Support Needs	Reflects feedback on what agencies require from UofT to better support students, such as resources, communication, or additional training. Also reflects feedback about desirable group size and number of groups per placement (when applicable).

2. CPOs preference for greater accommodation of session timing and regularity

Session timing emerged as a critical factor shaping client engagement and student learning. The fixed Thursday-afternoon model was widely perceived as restrictive and often misaligned with community programming:

> *Thursdays are fine, but you can always learn more on another day if something is happening…it does not land on a Thursday* (CPO #6).

In terms of regularity, several CPOs advocated for more spaced-out CBSL sessions because of agency requirements or client preferences since "if the sessions are too close together, it can be overwhelming…having them spread out makes it a little bit easier in some ways (CPO #7).

Implementing this change would necessitate more check-ins to "get everybody back up to speed" (CPO #5). The converse was also noted; several CPOs advocated for more clustered or frequent CBSL sessions, as "[students coming in more frequently]...Can see the same client week after week and build trust to help staff do things (CPO#8). Evidently, this level of continuity would play a critical role in building trust between students and community members:

> *It can be challenging [if students' sessions are overly spread out]...community members are like, who is this person? … I do not trust them. There is a power dynamic (CPO #7).*

Nonetheless, these contrasting perspectives illustrate how timing decisions shape relational dynamics central to community-engaged learning.

3. Community placements reciprocally benefit students and vulnerable communities

CPOs consistently described the CBSL placements as a mutually beneficial opportunity. On the one hand, students gain firsthand experience working with vulnerable marginalized populations and understanding the systemic barriers they face, including reduced health literacy (CPO#9), idiosyncratic cultural norms and values (CPO #10), and communities serving individuals with diverse abilities (CPO #3). On the other hand, agencies receive valuable support for ongoing initiatives. Although the nature of these duties depends on the agency's work and administrative burden, they created opportunities for meaningful involvement with vulnerable populations:

> *The experience can inform [medical trainees] about their practice by hearing from someone living with a mental illness. Maybe the conversation can change their outcomes down the road* (CPO#8).

Another CPO noted that the CBSL placements can broaden trainees' understanding of community medicine, including complex patients with "multiple intercepting issues" (CPO #6). This is precisely captured by the following quote:

> *A lot of times we have people with a lot of misunderstandings and a lot of trust issues. People coming from different areas... do not really see the same kind of medical services that we provide here in Canada* (CPO #2).

4. Student engagement limited by motivation and competing demands

Across interviews, CPOs shared that the timeliness of project or task completion was dependent on the [students'] motivation and competing academic demands. They noted that several students "struggled to complete the project or tasks as they have so many things on their own plate with their competing demands" (CPO #11). Periods of high academic pressure were associated with reduced momentum given that "when you are prioritizing things, and you have an exam the next day, that is going to take up a lot of your time and energy." (CPO #7). However, rather than attributing disengagement to individual motivation alone, CPOs emphasized the importance of sustainable placement structures that accommodate students' educational realities and allow flexibility in project scope potentially through self-selection of projection: "you have to meet students where they are." (CPO #11).

5. Institutional resources and placement structure influence partnership success

Finally, agencies identified institutional supports necessary to strengthen partnership effectiveness, and thus, provide more enriching experiences for students. This included limited resources and the potential value of funding assistance for students, including "some kind of a grant for students who are motivated and want to do more would help them...not for the organization, but for the students" (CPO #11). CPOs emphasized tailoring the group size to the nature of the placement or agency's work to optimize trainees' learning experiences:

> *My Thursdays were really scattered because I had to tend to one group [of students] and then go to the other group [of students]. As they were all big groups* (CPO #11).

These needs were framed as structural conditions that could be addressed to enable meaningful engagement rather than as isolated resource deficits.

Discussion

This qualitative descriptive study explored CPOs preferences regarding the structure, timing, and delivery of CBSL placements to inform curriculum development. Our study provides a focused exploration of CPO perspectives within the Temerty Fac--lty of Medicine's CBSL program on placement du--ation, scheduling, and delivery. This addressed a significant gap in medical education literature that has largely prioritized student experiences. Rather than functioning as a program evaluation or needs assessment, our findings advance a conceptual understanding of CBSL design by identifying flexibility as a foundational pedagogical condition that enables continuity in experiential learning, relation--hip-building, and reciprocity in community-aca--emic partnerships. By exploring how CPOs navi--ate trade-offs between structure and adaptability, this work extends existing CBSL literature beyond learner outcomes, as has been a focus of prior literature, and toward partner-informed curricular design.[16,17]

CPOs emphasized placement duration and continuity as critical determinants of both educational value and community impact. While some organizations found the existing 10-session model sufficient, others reported that extended or more distributed engagement was necessary to support mean--ngful student contributions and sustained relation--hips with clients. Longer placements were per--eived as facilitating deeper exposure to marginal--zed populations and enhancing trainees' under--tanding of community-based care.[29] This is partic-

ularly relevant given that many of the agencies that participate in the UME CBSL program at the Temerty Faculty of Medicine serve vulnerable populations, including patients with mental illnesses, clients with less trust in medical professionals, or newcomers with difficulty navigating the healthcare system. Similar observations have been reported in other CBSL initiatives in medical education, such as the *Making The Links*, which underscored that longitudinal community engagement better prepared learners for practice in underserved rural and remote regions.[30] More broadly, these findings align with prior work at the University of Toronto, in the US, and in other international settings demonstrating that sustained community engagement promotes social accountability in medical education.[9–14,19] Beyond preclinical training, these principles are also reflected in longitudinal integrated clerkships (LIC), which extend CBSL into the clinical years and have emerged as an increasingly recognized alternative to purely didactic pedagogy in Canada and the United Kingdom.[19,31,32]

At a more granular level, session timing and regularity also emerged as key areas of discussion. CPOs described challenges associated with both tightly clustered and widely spaced sessions, highlighting the need to balance predictability with responsiveness to agency workflows and client availability. Rigid scheduling structures were viewed as limiting agencies' abilities to integrate students into ongoing programs, whereas flexible scheduling allowed adaptation to real-world contingencies, such as client needs, operational disruptions, or trainee availability. These findings align with previous studies showing that predetermined scheduling models not aligned with agency operations restrict placements to predetermined weekly time slots, often times not accommodating agency workflows.[19,20,22] Importantly, CPOs emphasized that flexibility should not occur at the expense of structure; scheduled check-ins and clearly defined expectations were essential for sustaining continuity and accountability. A recent study at a large urban medical school in Canada similarly reported CPOs to have different expectations for their roles as co-educators in CBSL, including teaching students about health advocacy vs. guiding curriculum development.[33] Evidently, CPOs have an interest in contributing to CBSL meaningfully, but the extent to which they are able to is restricted by program structure as it currently stands. Extending our findings to other academic and professional programs incorporating CBSL, a qualitative study by Lavoie-Tremblay et al. exploring CPO perspectives in a Canadian nursing program, as well as a scoping review by Markaki et al. similarly emphasized the importance of effective collaboration between schools and CPOs and well-structured, yet flexible placements, to improve learner experiences, support CPOs, and sustain effective community partnerships.[34,35]

We identified student motivation and engagement as contextual factors influencing placement effectiveness. CPOs noted that competing academic demands affected students' consistency and task completion, shaping the quality of their contributions. Greater flexibility—particularly opportunities for students to self-select placements aligned with personal interests—was perceived as a strategy to enhance engagement and ownership. Self-selection would create a sense of accountability, prompting trainees to take a more active role in their placements. However, participants underscored that such autonomy must be scaffolded by structured time blocks and supervision to ensure productive engagement.

Agencies also identified institutional support as necessary for sustaining effective partnerships. These included appropriate group sizing, greater involvement in planning, and targeted student resources for more complex or longitudinal projects.[33] Additionally, preferences for virtual versus in-person engagement were pragmatic rather than prescriptive: virtual platforms supported geographic reach beyond the Greater Toronto Area and administrative feasibility in cases of large group assignments, while in-person engagement was valued for relationship-building and experiential depth in alignment with the literature.[36] Together, these findings reinforce the need to conceptualize flexibility in CBSL as an adaptive framework tailored to the CPO and community's needs rather than a uniform model. Interestingly, international literature by Stewart and Wubbena surveyed CBSL programs in

US medical schools and similarly identified substantial heterogeneity in program structure and implementation.[37] This variability has been attributed to CPOs being insufficiently involved in identifying local health priorities, culminating in program structures that are less responsive to community needs.[15] Building on these insights, our study contributes a novel, partner-informed perspective on CBSL design and proposes a flexible framework that accommodates variation in community contexts while preserving core educational structures. Implementing such a model at the Temerty Faculty of Medicine and other medical schools across Canada, and allied health programs by extension, will help augment reciprocity, strengthen partnerships, and better prepare medical trainees for community-engaged practice.[30,33,38,39]

Strengths

This study has several strengths supporting the validity of our findings. We employed purposive sampling to capture perspectives across diverse community sectors and varying lengths of partnership with the CBSL program, allowing us to collect a representative sample of CPOs from diverse disciplines and experiences. Reflexive thematic analysis was conducted by multiple researchers independently (AK, LAE, MAA) through iterative coding, debriefing, and maintenance of an audit trail, enhancing analytic rigour and transparency. Furthermore, we held group meetings every two weeks with the PI (FHL) for further discussions.

Limitations and future directions

Our findings should be interpreted in light of several limitations. Although thematic saturation was achieved, the sample may not fully represent the breadth of community partnerships within the CBSL program, and the single-institution context may limit transferability.[15,37] Additionally, participants were recruited from agencies actively involved in the program, potentially biasing findings toward more sustained partnerships. Factors influencing agency continuation vs. withdrawal should also be explored. Future work could extend our research by engaging a broader range of CPOs, incorporating longitudinal designs, and integrating student and faculty perspectives to further refine CBSL frameworks. Establishing routine feedback mechanisms with CPOs (e.g. semi-annually), may also support ongoing curriculum alignment and program sustainability.

Notably, several CPOs interviewed described hosting learners from allied health programs (e.g., nursing, social work, occupational therapy), with similar placement preferences. Given this interdisciplinary context, future research could also examine cross-program learner collaboration and its impact on placement quality, learner experience, and community partnerships.

Overall, this study contributes to a limited evidence base and offers insights that may inform CBSL program development in undergraduate medical education and other health professions across Canada.

Conclusions

Our descriptive qualitative study findings demonstrate that while consistency in CBSL placement structure offers predictability, rigid scheduling models may simultaneously constrain student engagement and misalign with CPOs. CPOs expressed a clear preference for adaptable placement designs that allow variation in timing, duration, and delivery while maintaining foundational structure. Flexibility was consistently framed as a means to enhance student motivation, strengthen relationships, and support meaningful community contribution. While virtual delivery offered some logistical advantages, in-person engagement was often preferred for building relationships and deepening learning.

By centering CPO voices, our study provides empirical guidance for redesigning CBSL curricula at the Temerty Faculty of Medicine and beyond. Enabling flexibility within CBSL programs may enhance partnership sustainability, deepen students' community engagement, and advance socially accountable medical education.

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Appendix A. Interview Guide

The interview guide included questions that provided further insight into the agencies' operations (e.g., the size of the agency and number of staff). To address our primary research question, the following questions were developed and posed in a semi-structured fashion:

Placements:

1. What type of projects does your agency have available for students completing their Community-Based Service Learning (CBSL) placements?
2. Has the type of placements or projects your agency offers changed over the years?
3. In the past, have your CBSL students been able to complete their projects or tasks?
4. In your opinion, what is the best timing and length for CBSL projects and placements at your agency)? (e.g., 10 sessions).

Curriculum:

5. What do you find important for medical students to take away from their placements with your agency? Are there any specific objectives you have for your agency or the students?
6. Do you find that the length of time of the CBSL program (10 Thursday afternoon sessions over the year) impacts your agency or your students' abilities to achieve your set objectives?
7. What do you think would be an appropriate length for CBSL placements? Do you think your suggested length would benefit your objectives?

Scenarios:

8. If you had a group of 3-4 medical students doing their CBSL placement at your agency for 10 Thursday afternoon sessions over one academic year, what type of projects would you ask them to complete?
    - What types of projects or opportunities would you offer to students?
    - What type of objectives do you hope to have students reach by the end of the term?
    - How long do you think students should be working on a CBSL project?
    - What timeframe would you give students to complete their CBSL placements?
    - What challenges do you think you might encounter?
9. Hypothetically, if you had a group of 3-4 medical students doing their placements at your agency but instead of doing 10 Thursday afternoon sessions per academic year, they had a more flexible schedule, allowing them to choose different times of the day and not being restricted to afternoons or Thursdays, and they could spread it or cluster their placements more.
    - What advantages/challenges do you think this model could have on CBSL placements at (agency name)?
    - Do you think this model would impact your students' abilities to complete their tasks? Would it be beneficial to the types of projects and opportunities your agency offers?
    - Do you think having more flexibility and not having a specific time or day constraint would impact the project and type of placement, or the medical students' abilities to complete it in the expected timeframe?

Closing:

10. Do you believe your agency has adequate support from the MD program?

11. What additional support(s) do you think could potentially improve the CBSL program for both the MD students and community partners?
12. Would you like to add anything else to our discussion?