COMMENTARIES

Community-Based Medical Education: Shaping the Future of Health Equity

Kedryn Berrian, MA, MPH[1], Devina Aggarwal, MBA[2]

[1] Family Medicine, Georgetown University Medical Center, [2] Primary Care, Medstar Health

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Community-Based Medical Education (CBME) is an evolving framework that places medical students in community settings to enhance clinical training while addressing the healthcare needs of underserved populations. This article explores the transformative role of Georgetown School of Medicine's first year community-based learning (CBL) course that helps to advance health equity, cultural competence, and diversity in the physician workforce.

By embedding students in diverse communities, CBME fosters empathy, cultural sensitivity, and an understanding of social determinants of health. This approach challenges students to confront and mitigate implicit biases, particularly in interactions with marginalized populations, through ongoing anti-bias training and reflection.

CBME also plays a critical role in diversifying the medical field by providing mentorship opportunities and supporting interest in underrepresented specialties, such as primary care. Furthermore, it addresses curricular gaps by offering experiential learning that connects theoretical knowledge to real-world application in marginalized communities.

CBME not only improves medical education but also strengthens partnerships between institutions and communities, promoting long-term commitments to equitable healthcare delivery.

Community-based medical education (CBME) is a powerful way of creating a symbiotic relationship between local communities and medical institutions. This form of education creates a mutually beneficial partnership between medical students and local community organizations. Kelly et al[1] described CBME as clinical training rooted in community settings, giving students insight into how patients manage illness within their family, social, and community contexts. Community-based partnerships can include student involvement in mobile health clinics, school-based health and wellness programs, or rural health rotations. For example, in a school-based health program, medical students may collaborate with teachers and staff to promote healthy eating and physical activity among elementary school children, an arrangement that supports student learning while also expanding the school's capacity to deliver health education.

Previous research has demonstrated that the interdependence and reciprocity of CBME allow for beneficial partnerships between medical schools and their local community.[1,2] CBME highlights the importance of service learning while providing crucial medical care and education to underserved communities.[2] By engaging with community-based learning, medical students have the opportunity to strengthen their empathy and clinical skills.[3] As global health equity initiatives expand, understanding health inequity and disparities within communities is a vital skill for physicians. In a time of heightened political and social tension surrounding health equity, this commentary outlines the overall benefits of CBME and provides specific institutional examples to illustrate how these examples are implemented in medical schools within the United States.

Enhancing Cultural Competence Through Community-Based Medical Education

When medical students work with diverse populations, they learn novel ways of connecting with and treating patients with diverse backgrounds. Georgetown University School of Medicine illustrates this approach through its Community-Based Learning course for first-year medical students.[4] The program includes 7 on-site or hybrid course meetings held at nonprofits, schools, and health clinics across the Washington, DC, metropolitan area, where students work directly with diverse communities. In these settings, they learn nontraditional, community-focused approaches to engaging with patients and deepen their understanding of the social contexts that shape health.[4] These interactions help to foster cultural sensitivity and effective collaboration between medical students and the local community.[3] Other examples of CBME include the University of Chicago Pritzker School of Medicine's CBME program in the Department of Family Medicine and Tufts University School of Medicine's Community Service-Learning program. Both programs collaborate directly with local community partners and integrate service-learning projects and clinical care into the medical school curriculum, allowing students to engage meaningfully with the communities they serve.[5,6]

Working in community settings with often-underserved populations provides valuable exposure to diverse groups and teaches students how to serve each community effectively.[4] This approach helps medical students understand the nuances of interacting with minority populations and how community members' identities influence their health care experience and utilization. It also allows students to develop adaptive skills by working in environments that mirror real-life situations. Understanding how intersectionality influences the experiences and health of marginalized individuals is also an essential skill for medical professionals.[7]

Recognizing the roles of age, race, gender, sex, socioeconomic status, ability status, and sexual and romantic orientation in shaping a patient's perception of medical professionals and their interactions is crucial for providing equitable and effective care for underserved populations.[7] It is essential that medical students undergo structured preparatory training prior to engaging with community partners, reinforced through formal assessments when possible. The Implicit Association Test (IAT) has been shown to foster cultural awareness in medical students. According to Strasser et al,[8] after participating in the IAT, health care professionals' awareness of their individual implicit biases increased by 33.3%, and their understanding of how these biases influence patient care increased by 9.1%. Medical institutions can further enhance cultural competence in CBME by implementing implicit bias training for faculty and students. Requiring IAT assessments helps ensure that medical students recognize and understand their biases before engaging with communities.[8] This can help alleviate potential discriminatory behavior stemming from ignorance and enable medical students to prioritize the needs of their community partners while engaging within their community.

Additional ongoing educational follow-ups throughout medical school, alongside the completion of the IAT test, at entry and during the final year, reinforce antibias methods and techniques, ensuring support for all community members. Medical students should also be encouraged to attend multiple didactic sessions focused on appropriate interactions with minority populations throughout their medical education. These structured CBME experiences have been shown in the literature to enhance students' cultural competence, providing access to a wider variety of patients, opportunities to develop and practice clinical skills, continuity of care, and increased understanding of the determinants of health, including the social, economic, and political factors affecting patient well-being.[9] Students also report that CBME adds relevance to learning, fosters enjoyable educational experiences, and exposes them to teachers who model positive teaching behaviors, show interest in students, and provide constructive feedback.[9] Community-based learning has been perceived especially effective for developing psychosocial awareness, patient autonomy, communication skills, and sensitivity to diverse cultural and social contexts.[9] It is important to acknowledge the existing biases that students hold and to raise awareness of their origins and how they are formed. This exploration is crucial because identifying the source of biases helps mitigate their impact, and it is essential to consistently reinforce antibias tools and techniques throughout students' medical education, providing opportunities for reflection and continuous self-assessment.[7]

How Community-Based Medical Education Diversifies the Physician Workforce

Recognizing the importance of a diverse workforce is essential for creating comprehensive and equitable health care staff to support patients.[8] Fostering a lifelong commitment to community service helps to ensure that culturally aware physicians remain in the workforce through advocacy for vulnerable populations by collaborating with local organizations to provide free medical screening and resources for housing, food, and other health disparities. As mentioned previously, minority communities often do not have health care professionals with whom they can culturally identify. Research has shown that a diverse physician workforce helps reduce health disparities.[8] CBME offers opportunities for mentorship from experienced community health care professionals, fostering personal and professional growth. Medical students can collaborate with various health care professionals in rural or underserved clinics, promote teamwork, and provide comprehensive understanding of patient care from a variety of health disparities and socioeconomic backgrounds.

Mentorship programs that use a community-based learning model also enable medical students to mentor younger students who are interested in health care. This approach is common in primary care mentorship programs, which draw heavily on CBME principles by placing medical students in community settings, emphasizing longitudinal relationships, and prioritizing holistic care. This is an effective strategy for supporting and retaining minority physicians, particularly when mentors share similar identities or lived experiences with their mentees. An example of this is the primary care mentorship program at Georgetown University School of Medicine.[9,10]

The Primary Care Mentorship Program at Georgetown emphasizes primary care research, community-based learning, and clinical shadowing, with a particular focus on minority populations.[9] This emphasis supports the retention of a diverse physician workforce by pairing students with mentors who share similar backgrounds or have experience working with marginalized communities, which helps to foster stronger mentorship relationships and improved student outcomes.[9] Walker and Williams[10] emphasized that when minority faculty are present and actively engaged, minority medical students are more likely to feel supported, persist in their training, and remain in medicine overall. This is especially important for primary care, a field in which minority physicians are disproportionately underrepresented and play a critical role in serving underserved communities. The tools and information gained from their mentors empower medical students to educate their mentees on various aspects of the medical field, foster personal growth, and promote health care.[10]

Community-based learning can also serve as a pipeline program that encourages medical students to enter specialties that are often undervalued. Specialties with less public visibility or lower-than-average salaries, such as primary care and women-led fields like nursing, obstetrics and gynecology, and midwifery, often experience negative specialty stereotypes. CBME can help address this issue.[11] By pairing medical students with community partners such as nonprofits, housing agencies, youth programs, or community health clinics, students see firsthand that these settings rely heavily on family medicine physicians, obstetric and gynecologists, pediatricians, and social and behavioral health workers. This real-time exposure reinforces the essential role these specialties play in the health system.[11]

Implementing community-based longitudinal integrated clerkship allows selected medical students to overlap inpatient and outpatient sessions over multiple weeks with a focus on primary care. Medical students receive traditional teaching methods in conjunction with CBME by attending didactic lectures on health disparities during their outpatient clinical session, creating more awareness and the opportunity to observe or address the lesson directly during patient care.[12] Because longitudinal integrated clerkships emphasize long-term, primary care–focused training, they function as extended community-based learning experiences similar to primary care mentorship programs that are often modeled on CBME. This sustained exposure provides medical students with real-world experience in specialties that are often undervalued, which in turn can lead to more positive perceptions of these fields.[11,12]

Further promotion of interest in primary care specialties can be achieved by having medical students work with preceptors from various primary care fields, exposing them to guest speakers from outside their programs, and providing ongoing mentorship. Additionally, programs such as those approved by the Area Health Education Centers Program can provide funding for students to travel to rural areas and Indian Health Services sites and complete rotations at clinics focused on underserved minorities hosting a residency program or other health care practices that provide care to patients in underserved communities while promoting primary care.

How Community-Based Curricula Close Gaps in Medical Education

Research has shown that many physicians feel that they do not receive adequate education regarding the health care needs of patients who identify as part of historically marginalized communities.[12-14] This is crucial as people of color report higher rates of discrimination and being misunderstood by health care professionals.[12-14] CBME can provide valuable education on caring for historically marginalized populations such as people of color or

sexual and gender minority patients who have historically been excluded from care, and can enhance the real-world application of medical education. Regular engagement with minority communities in both clinical and nonclinical settings helps to reduce stereotypes and biases towards these populations.[12] Throughout this involvement, medical students can build meaningful relationships with community partners and their residents that extend beyond the typical patient-clinician relationship. This humanizes communities that are often overlooked in health care and gives medical students a different perspective for care for minority patients in the future.

CBME applies an approach to education that emphasizes the needs of the community being served. A more community-centered focus allows medical students to be better engaged with the community with whom they are interacting. By centering on the schedule, needs, and health of a community, medical students can shift their approach to better understand marginalized patients. The real-world application of community-based learning allows for first-hand understanding of the social determinants of health, which helps to shift clinician training's scope beyond one-on-one clinical interactions.[13, 14] This mindset change is necessary for future clinicians to tackle a broader, more public health–based approach to medicine and, consequently, better understanding of health equity, allowing medical students to recognize some nuances and disparities in care among minority communities that may not be readily available in traditional lectures.

Conclusion

Community-based medical education enables medical institutions to continue a hybrid of traditional didactic lectures and hands-on patient-focused health equity experience in their education. By embracing a more community-based education curriculum, institutions can promote the development of diverse, dedicated medical student bodies. CBME is crucial for integration within medical institutions because it enables them to address the health equity needs of marginalized communities while also contributing value to the communities they serve. Medical school administrators should prioritize health equity initiatives by integrating community-based education into their curricula. This commitment not only fosters a more inclusive health care workforce, but also ensures medical students are better equipped to address the diverse needs of the communities they serve.

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