

Common Characteristics of Community Engagement Studios in Health Service Research: A Systematic Scoping Review Protocol

Authors

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Introduction

Community Engagement Studios or Shared Resource Panels are custom panels that bring together community collaborators with lived experience and expertise around a particular subject/health issue. The goal is for community collaborators to provide feedback on specific aspects of research study design (e.g. relevance, feasibility, dissemination, recruitment). These highly tailored opportunities for feedback on a research project are co-led by a community member with lived experience related to the topic of study and a neutral member of an academic center that hosts Community Engagement Studios (non-member of the research team). This tailoring and facilitation practice makes community engagement studios distinct from the use of community advisory boards, which are often used to provide feedback on a broad array of research studies related to a particular health issue or disease area. Community Engagement Studios are also distinct from community based participatory action research and participatory action research. While they do involve community led facilitation of the Studio the explicit goal of a Studio is to inform a particular aspect of a research study, not empower a particular community or to necessarily shift power within a larger research relationship—key tenants of participatory research methodology. Publications exist focused on both the process of designing Community Engagement Studios and outcomes from Studio use to design research. Yet, no work exists examining common elements of Community Engagement Studios. This systematic scoping review will begin to fill this gap.

A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews, PROSPERO, INPLASY, Research Registry and *JBIR Evidence Synthesis* was conducted and no current or underway systematic reviews or scoping reviews on the topic were identified.

The objective of this scoping review is to assess the extent of the literature related to common elements and characteristics of Community Engagement Studios and to understand which fields/disciplines within health services most commonly use Community Engagement Studios.

Review question

- 1) What are the most common characteristics and elements described in the design and use of community engagement studios used for health service research development?
- 2) What health service disciplines most often use community engagement studios to inform research studies?

Inclusion criteria

Participants

N/A

Concept

Community Engagement Studios also known as Shared Resource Panels and Community Consultant Panels.

Context

English speaking countries, Spanish speaking Latin American countries, Spain, academic medical centers, universities, support services for research faculty.

Types of sources

This scoping review will consider both experimental and quasi-experimental study designs including randomized controlled trials, non-randomized controlled trials, before and after studies and interrupted time-series studies. In addition, analytical observational studies including prospective and retrospective cohort studies, case-control studies and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs including case series, individual case reports and descriptive cross-sectional studies for inclusion.

Only manuscripts that discuss Community Engagement Studios organized and facilitated by an academic unit independent of the research team will be included. Further, inclusion criteria will only include studies that describe the use of Community Engagement Studios to solicit feedback on elements of a research study design. Exclusion criteria will include published abstracts, published conference proceedings, and studies describing the use of Community Engagement Studios as a method of collecting focus group information for data analysis.

In addition, systematic reviews that meet the inclusion criteria will also be considered, depending on the research question.

Process papers or conceptual manuscripts that describe the process of designing community engagement studios will also be included. Only peer-reviewed manuscripts will be considered for this scoping review.

Methods

The proposed scoping review will be conducted in accordance with the JBI methodology for scoping reviews.

Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Scoping Reviews (2020). Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBI Manual for Evidence Synthesis*. JBI; 2024. Available from: <https://synthesismanual.jbi.global>. <https://doi.org/10.46658/JBIMES-24-09>

Pollock, D., Peters, Micah D.J., Khalil, H., McInerney, P., Alexander, L., Tricco, A.C., Evans, C., de Moraes, É., Godfrey, C., Pieper, D., Saran, A., Stern, C., & Munn, Z. (2023). Recommendations for the extraction, analysis, and presentation of results in scoping reviews. *JBI Evidence Synthesis*, 21 (3), p 520-532. DOI: 10.11124/JBIES-22-00123

Search strategy

The search strategy will aim to locate both published and unpublished literature. A clinical librarian will utilize keywords and subject headings to search Embase (Elsevier), MEDLINE (Ovid), CINAHL (EBSCO), and Web of Science (Clarivate). The search strategy for Embase is provided in Appendix I.

The reference list and citing documents of all included sources of evidence will be screened for additional studies.

Studies published in English and Spanish will be included. Studies published since 2010 date will be included. Authors speak Spanish and English and therefore can conduct analysis only in these two languages. The first recognized community engagement studio was developed through a Meharry-Vanderbilt partnership in 2009 and therefore there are no publications about this topic predating 2010.

Study/Source of evidence selection

Following the search, all identified citations will be collated, deduplicated, and uploaded into Rayyan. Following a pilot test, titles and abstracts will then be screened by two or more independent reviewers for assessment against the inclusion criteria for the review. Conflicts will be resolved by a third-party tiebreaker. Potentially relevant sources will be retrieved in full and full documents screened again for inclusion. Multiple reports deriving from the same underlying study will be included and linked together to extract comprehensive data related to the scoping review research questions without overrepresenting elements of Community Engagement Studios that derive from the same underlying study. The results of the search and the study inclusion process will be reported in full in the final scoping review and presented in a PRISMA flow diagram.

Preferred Reporting Items for Systematic Review & Meta-Analysis (2024, October). *PRISMA 2020 flow diagram for new systematic reviews which included searches of databases and registers only*. <https://www.prisma-statement.org/prisma-2020-flow-diagram>

Data extraction

Data will be extracted from papers included in the scoping review by two or more independent reviewers using a data extraction tool developed by the reviewers. The data extracted will include specific details about the participants, concept, context, study methods and key findings relevant to the review question/s.

A draft extraction form, consisting of two data extraction tables, is provided in Appendix II. The draft data extraction tool will be modified and revised as necessary during the process of extracting data from each included evidence source. Modifications will be detailed in the scoping review. Any disagreements that arise between the reviewers will be resolved through discussion, or with an additional reviewer. If appropriate, authors of papers will be contacted to request missing or additional data, where required.

Data analysis and presentation

We will provide descriptive tables of study characteristics (e.g. author, year, location, type of health issue for which community engagement studio is solicited, study populations of interest, stage of research at which studio is requested, type of feedback researchers hope to solicit from studio, etc.). We will report the number of studies excluded at the full-text review stage and reasons for exclusion. The analysis will involve summarizing common characteristics and elements in the design of community engagement studios, the health disciplines for which community engagement studios are most frequently requested, and the aspects of research design for which studios are most frequently requested. We will report effect estimates from studies.

We will conduct a content analysis, consistent with analytic procedures for a systematic review. At least two authors will independently review extracted study information related to 1) characteristics and elements of community engagement studio design (e.g. integration of a community facilitator, number of planning meetings ahead of studio, etc.); 2) the stage of research at which a community engagement studio is requested (e.g. design phase, study recruitment, etc); 3) the health care discipline or sub-discipline for which the community engagement studio is requested (e.g. psychiatry, orthopedics, etc.); and 4) the specific type of feedback solicited through the community engagement studio (e.g. feedback about recruitment strategies, workshoping interview protocol language, etc.). Through a process of constant comparison and consensual content analysis these authors will come to consensus around relevant categories for each of the four topic areas after independently coding the same sets of data. In cases where the two authors primarily conducting analysis are unable to reach consensus a third author will be brought in to serve as a tie breaker.

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Author contributions

Corinne Miller assisted in the development of the review methodology. She will design and conduct search strategies, with guidance from subject matter experts on the team and will contribute to writing the scoping review report.

Ida Salusky conceptualized the scoping review and data analysis plan. She will contribute to the screening of abstracts and full publications, data analysis and synthesis, and the framing and writing of the scoping review.

Josefina Serrato will contribute to the screening of abstracts and of full publications, data analysis and synthesis and the writing of the scoping review.

Darius Tandon will serve as a tie braker for any unresolved decisions regarding the inclusion of publications at the abstract and full publication screening phases. He will also contribute to writing the literature review and discussion sections of the scoping review.

Conflicts of interest

There is no conflict of interest in this project.

References

Peters MDJ, Godfrey C, McInerney P, Munn Z, Tricco AC, Khalil, H. Scoping Reviews (2020). Aromataris E, Lockwood C, Porritt K, Pilla B, Jordan Z, editors. *JBIM Manual for Evidence Synthesis*. JBI; 2024. Available from: <https://synthesismanual.jbi.global>. <https://doi.org/10.46658/JBIMES-24-09>

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Appendices

Appendix I: Search strategy

Database:-Embase-(Elsevier)-1947--present

Line-#	Query
1	((community-engage* OR partner-engage* OR stakeholder-academic-resource* OR stakeholder-engage* OR community-expert*) NEAR/3 (panel* OR studio*)):ti,ab,kw
2	(stakeholder-engaged-process* OR community-engaged-process*):ti,ab,kw

3	#1 OR #2
4	#3 AND ([english]/lim OR [spanish]/lim)

Appendix II: Data extraction instruments

Table 1: Data extraction table

Author		
Year		
Country		
Aim		
Study type/source		
Population/topic of interest		
Sample size		
Demographics of CE Studio		
Health service discipline using CE Studio		
Characteristics of CE Studio design		
Impact of CE Studio on research design		

Table 2: Data extraction guidance sheet

Author	
Title of source	
Year	
Date data were collected	
Type of evidence source (empirical research, process paper, theoretical manuscript, protocol paper)	