



# Building Future Physician Leaders and Advocates: A Student-Led Advocacy and Leadership Curriculum

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## Background

- Traditional medical education primarily focuses on the treatment of clinical disease however, medical care only accounts for 10-20% of health outcomes.<sup>1</sup>
- Other factors such as the social determinants of health (SDoH) account for 80-90% of health outcomes.<sup>1</sup>
- Medical students are not conventionally trained in fundamental advocacy skills needed to address the upstream causes of poor health outcomes.<sup>2</sup>
- A needs assessment with VCU SOM students in 2019 (n=116) showed that the majority of students (93.8%) agreed that health advocacy training should be included in medical school curricula.

## Objectives

- Develop a sustainable and reproducible model for a student-led advocacy and leadership curriculum as an advocacy elective in medical school
- Teach students advocacy and leadership skills through advocacy skills workshops, discussions led by community leaders, and engaging in advocacy with peers.
- To measure the effect of a student-led advocacy curriculum on:
  - Perceptions of community health advocacy
  - Knowledge of community health advocacy and engagement
  - Skills development in leadership and advocacy
  - Self-confidence in advocacy

## Methods

- This curriculum will start in January 2021 for M4 students.
- Student participants will complete pre- and post-course assessments regarding key advocacy competencies.
- Secondary data will be collected on student demographics and career-specific goals.

## Initial Data (Pilot Study 2020)

- Pre- and post-elective assessment data (n=3) indicated that students had:
  - More positive attitudes about engaging in advocacy initiatives in support of underserved communities (from 3.50 to 3.95 on a self-rated scale of 1-4)
  - Increased sense of importance of developing and utilizing advocacy skills to support patients' needs (4.0 on scale of 1-4)
  - Greater knowledge about the Richmond Community and general policy solutions for improved community health with an average pre-elective score of 2.110 and post-elective score of 3.611
  - There was a marked increase in the reported scores of self-confidence pre- and post-elective.

## Surveys

- Student knowledge of Richmond community, advocacy, and policy solutions
- Comfort level with advocacy skills
- Perceived importance for professional development in developing set of advocacy skills
- Demographic and profession-related characteristics will be obtained on:
  - Age, ethnicity, gender
  - Plans to practise primary care
  - Immediate family who is a physician
  - Total educational debt by graduation date
  - Planned setting for practice (rural or non-rural)
- Attitudes toward community needs and health advocacy

## Curriculum Design

- 4-week elective focused on addressing SDoH and patient-centered issues
- Learning activities include:
  - STFM Advocacy Online Course
  - Advocacy skills workshops (legislative visits, opinion pieces, bird-dogging, social media)
  - Leadership skills development by facilitating advocacy skills workshops for other students
  - Legislative visits (virtual) during the 2021 Virginia General Assembly
  - Implicit Attitudes Test (Project Implicit®)
  - Group discussions with community advocates and physician leaders

## Discussion

- At the end of the course in February 2021, students will likely report improved knowledge, advocacy skill set and self-confidence to engage in community advocacy efforts aimed to address patient health concerns.
- Limitations will include small sample size and volunteer bias.

## Future Directions

- Course will continue onwards as a student-led curriculum with a faculty mentor.
- Data will continue to be collected via pre- and post-surveys to assess efficacy of course. Course will be adjusted accordingly.
- Students will be followed up with during residency to assess implementation of advocacy skills.

## References

- <sup>1</sup>Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135.
- <sup>2</sup>Long JA, Lee RS, Federico S, Battaglia C, Wong S, Earnest M. Developing Leadership and Advocacy Skills in Medical Students Through Service Learning: *J Public Health Manag Pract.* 2011;17(4):369-372. doi:10.1097/PHH.0b013e3182140c47