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Impact of One Training Session on Improving Advocacy, Knowledge, and Empowerment in Medical Students

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ABSTRACT

While the Association of American Colleges (AAMC) and the institute of medicine have supported further education, social determinants of health are taught at few medical schools currently. Multiple approaches to provide training in health policy have been reported with the goal of providing students with the skills to advocate for their patients. Although these programs are successful, they are difficult to implement and require time, strong leadership, and community resources. Our institution offers no formal advocacy training to medical students. Given this, our student interest group worked with a community advocacy organisation to host a joint student advocacy training session after which students reported feeling empowered and confident in taking the first steps towards advocacy. Our experience suggests that by partnering with community organisations, advocacy training can be offered in institutions without the use of additional resources.

Keywords: *Advocacy, Medical education, Leadership, Medical school, Resident education*

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Introduction

Advocacy is defined as speaking out on issues of concern, pleading or arguing to support a cause or idea, and persuasive communication and actions to attempt to change policies, positions, and programs (1). Medical students are seldom trained to serve as advocates for underserved communities, however, after graduation; they are uniquely situated to do exactly that. While the Association of American Colleges (AAMC) and the institute of medicine have supported further education, social determinants of health are taught at few medical schools currently (2). Multiple approaches to provide training in health policy have been reported with the goal of providing students with the skills to advocate for their patients. Although these programs are successful, they are difficult to implement and require time, strong leadership, and community resources. Our academic institution offers no formal advocacy training for students, residents, or faculty currently and does not have resources allocated for such. The Obstetrics and Gynecology (OB/GYN) student interest group wanted an innovative but low-resource way of providing training. To do so, a partnership was formed with Oklahoma Institute for Children's Advocacy (OICA), a community based non-profit

dedicated to creating awareness, taking action, and changing policy to improve the health, safety, and well-being of Oklahoma's children. The goal was to empower medical students to be involved in advocacy and to help them connect with an interest they could continue to pursue after the session through one session.

Methods

The advocacy-training day was held on campus led by OICA and hosted by the OB/GYN Student Interest Group. Participants underwent a single 3-hour training session led by the executive director of OICA and included details about the Oklahoma legislative process with training on becoming an advocate. It also highlighted legislative bills of interest to the medical community. A post-training questionnaire was given to measure the ability of the advocacy training session to empower students. This study was deemed exempt by the Institutional review board at University of Oklahoma Health Science Center. The student interest group was able to finance a pizza dinner which was the only monetary expense.

Results

Twenty-seven students participated. Students responded that the training was helpful (3.5/4), that they felt empowered (3.4/4), that the statistics related to them (3.3/4), and that they felt confident taking the first steps toward advocacy (3.2/4). The results of this study highlight the need for advocacy training for medical students as training resulted in feelings of increased confidence and empowerment.

Discussion

The institute of medicine has stated that in order to improve population health, leadership should be developed to bridge disciplines, programs, and jurisdictions. Currently, a chasm between clinical care and public health policy has developed, but through medical student education and encouraging long-term physician involvement, improvements can be made. Training medical students in advocacy can help accomplish two goals: (1) It can lead to communities and community organizations having more voices to speak out regarding their needs, and (2) It can empower future physicians to change circumstances that frequently lead to burn out when serving disenfranchised communities thereby decreasing physician burnout. Thankfully, many medical schools recognise this need and are using ingenuity to develop programs to promote advocacy. Five diverse examples of such programs are summarised as follows:

First, at St Luke's family practice residency, they initiated a community medicine program to train students who are interested in practicing in underserved communities. Their three-year track includes an assigned four-week community medicine rotation during first year then a chosen community site where they work for two years. The program culminates in a capstone project where students present their intervention and corresponding outcome measures (3).

Second, at Puentes de Salud medical students underwent a nine month course on the social determinants of health in Philadelphia, PA. The course was collaboration between a primary care community clinic and Temple University which provided students with community experience, lectures, and the opportunity for reflection, with the emphasis on community involvement (2).

Third, Georgetown School of Medicine offers a health justice scholars track which spans the four years, starting with lectures and progressing to a four-week rotation with an advocacy or legislation organisation and a poster presentation. Students apply during first year and, if they complete the program, receive special distinction at graduation (1).

Fourth, the University of New Mexico, noting similar deficiencies in training in advocacy, implemented 18 hours of didactics into the 8-week third year family medicine clerkship by replacing ½ day a week of clinical instruction with advocacy training extrapolated from their masters in public health courses. At the end of the course, each student gives an 8-minute policy analysis presentation. Students started the training already believing it was a physician's role to advocate, but showed significant improvements in rating their current knowledge and confidence regarding health policy and advocacy (4).

Lastly, the University of Illinois College of Medicine developed a program aimed at all medical students to help them establish connections to individuals in underserved communities. Through this relationship they learned how society affects an individual's health status. The student then designed an intervention and evaluated its efficacy. All students were enrolled due to the program belief that no matter the specialty, physicians should be trained to serve in advocacy, research, and public health policy roles to contribute to improving the lives of those in underserved urban communities. Importantly, the program created and sustained relationships with community organisations which were keys to the success. The majority of the program was taught by professors who donated their time and funding was generally from small teaching grants (5).

Although these programs have found unique ways to train medical students in advocacy, some themes appear. Almost all incorporate community experience, didactics, and a final presentation or project. The community experience creates an emotional connection to advocacy for the student through the face of a patient; didactics equip the student to make change; and the final presentation serves to affirm to the student that he or she can make a difference.

Other factors, such as timing, order of experience, assigned or chosen community experience, and the size of the group of students are adapted to fit the program. Many of the papers also mentioned difficulty in finding funding citing volunteered time on the part of professors and small grants. Issues of funding and of time were often solved by incorporating community organisations. From their experience in Puentes de Salud, the authors state that community organisations can play a role in educating medical students on the social determinants of health and exposes both students and professors to views outside of academia. Often community based organisations are overstretched with limited resources and hence are unable to plan the curriculum, but are more than willing to participate if training institutions offer clear expectations (3).

Although it's often said in a tongue in cheek manner, many medical students earnestly say that they have come to medical school to help people. The true work of helping people in underserved, however, is taxing and can frequently lead to physician burnout. This is often not because of patients, but because of the difficult circumstances such as inadequate support in terms of staffing and material resources. In the context of the current nation-wide physician shortage and its even impact on underserved communities, there is a great need for programs that train medical students in advocacy. By learning to advocate, physicians can stay engaged in their jobs in underserved communities by attempting to change the circumstances, instead of feeling powerless and leaving (6). Despite limited resources, medical schools can recruit community organisations to form a synergistic relationship in which medical schools provide volunteers and organisations

provide training and experiences in advocacy all of which work towards serving disenfranchised communities.

Conclusion

Medical students should receive training in advocacy as it not only serves their future patients and communities, but also empowers physicians to continue working in underserved communities where they otherwise risk physician burn out. Several schools have implemented programs that span months to years and are successful in training future advocates, however, they also require significant investments in resources. Our institution was able to cohost a one-time training session with a community advocacy organisation which increased students' knowledge and empowerment to advocate. Although we would like to develop a more in-depth program such as those discussed, this unique intervention provides institutions without significant resources the ability to provide train future advocates.

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