

MEDICAL EDUCATION

A MEDICAL STUDENT APPROACH TO A HEALTH POLICY AND ADVOCACY ELECTIVE

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Literature suggests the majority of medical students feel they are not appropriately educated in health policy, yet there are currently no mandatory health policy curricula in medical schools.¹ Healthcare reform training has been shown to help prepare medical students for the growing role of advocacy in the medical profession.² To address this lack of training, the concept for a health policy and advocacy curriculum was developed by a current fourth-year medical student during his first year at the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell (Zucker SOM). The curriculum was formatted as a four-week, student-run, fourth-year elective designed to improve students' knowledge and skills in policy and advocacy. While medical education has shifted from traditional didactic-style learning to peer teaching and near-peer teaching models, there is a dearth of literature regarding student-run medical curricula.³ This article addresses both of these gaps in medical education by discussing the impact of a health policy and advocacy elective on student learners' and student coordinators' knowledge of these topics in addition to exploring the experiences of the student coordinators.

Prior to designing the elective, existing curricular models related to health policy or advocacy among medical schools in the United States were reviewed. Physicians and public health professionals were consulted to assess the lack of and demand for a health policy and health advocacy curriculum for medical students, as well as the most valuable objectives to meet any identified needs. The four-week elective involved a longitudinal independent advocacy initiative and structured group curriculum based on weekly policy themes. Students coordinated their own advocacy-based research initiatives with a faculty mentor of their choosing. Each of these research

initiatives were based on each individual students' existing research. Weekly themes were supported by foundational readings and a student-led journal club incorporating current literature. Daily small group discussions and workshops to advance practical advocacy skills were led by faculty with policy experience. Weekly debrief sessions with student coordinators included updates on independent initiatives and verbal feedback on each week's sessions. Additionally, students participated in a policy debate with Internal Medicine residents, audited a class at the School of Public Health, met with their local assemblyman, and showcased their independent initiatives with final presentations. The elective was designed, coordinated, and executed by a third-year medical student with second- and first-year medical students in order to establish a sustainable lineage for future student leadership, with faculty adviser oversight.

Learners (n=3) completed a survey before and after participating in the elective. All three learners reported increased knowledge of both health policy and health advocacy, including improved knowledge of healthcare reform, healthcare structure, and improved skills in lobbying and grant writing. Additionally, all learners reported that pre-elective planning and communication as comparable or more organized compared to other electives, and selected that they would strongly recommend the elective to future students, rating it as excellent in overall quality.

In order to test the hypothesis that planning the elective might increase student coordinator knowledge and skills, student coordinators (n=3) completed a survey after coordinating the elective. All student coordinators reported a moderate or marked improvement in

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knowledge of health policy, health advocacy, and medical education, with reported skill attainments in curriculum development, educational evaluation, leadership, and program planning.

Based on data collected and informal retrospective feedback from the first iteration of the elective, a number of changes have been made to the curriculum for its second iteration. Due to the limited time frame of one month, the students' longitudinal advocacy initiative was shifted from an advocacy-based research project to preparation for a formally evaluated mock lobbying experience. While the main health policy textbooks utilized for the course were well-received by learners and will remain central to the curriculum, the journal club articles have been revisited to better reflect the weekly themes. Based on the desire for more advocacy training in the daily curriculum, weekly skills workshops were introduced, including conflict resolution and resolution writing.

These results demonstrate that the elective was successful in increasing student learners' and student coordinators' knowledge of health policy and advocacy, illustrating that the course successfully addressed medical students' desire for more training in these topics. Additionally, the improved confidence in lobbying and grant writing demonstrates that student learners gained practical skills related to these domains and have a better foundation that can enhance their roles as future physician advocates for their patients. The student coordinators' increased knowledge in these subject areas highlights how a course that incorporates peer-teaching educates learners as well as coordinators. This demonstrates that executing the elective offered student coordinators a unique exposure to education program development while also advancing their knowledge of the elective subject matter. In addition, a student-designed and student-run elective created a comfortable learning environment

that addressed topics specifically at a medical student level. Finally, the overall quality rating of excellent and strong recommendation of the course to fellow students shows this was a well-received model. Overall, this student-run elective provided immersive and practical training in health policy and advocacy that extends beyond the traditional offerings of a medical school curriculum.

References

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