Health Advocacy Learning Activities for Medical Students in Clinical Clerkship Training: Why We Are Changing Our Model

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Purpose: Health advocacy is a key physician skill to address social determinants of health and promote health and health equity. We noted a lack of medical school curricula that both address skills necessary to develop partnerships with advocacy stakeholders and students’ desires to self-determine advocacy topic areas. A novel learning project was therefore designed to address these goals. Outcomes were followed for 3 years. We aim to describe student and community health partner outcomes and key lessons learned through the delivery of this project.

Approach: The health advocacy project (“HAP”) was incorporated as part of a required ambulatory clinical course at the University of Wisconsin School of Medicine and Public Health (UW-SMPH). The HAP allowed medical students to identify a topic and community partner and required students to arrange meetings with the partner to identify shared goals and a mutually agreed-upon project. Students dedicated approximately 8 hours of work over the 10- to 12-week course to this effort. Projects were focused on community partner goals. At the end of the course, students delivered their project, wrote a summary paper, and completed a self-evaluation on changes in attitudes and practice. Community partners submitted qualitative feedback.

Outcomes: After 12 cycles of the course (January 2018 through December 2020), 408 students completed the HAP and 328 students completed a self-evaluation. Of these, 218 (~66%) rated increased likelihood of “Doing Health Advocacy Work in the Future,” and 267 (~81%) rated increased “Comfort Level with Health Advocacy Work.”

More than 250 different organizations partnered with students (some hosted >1 student) and 222 organizations gave a definitive response to a survey question regarding the helpfulness of the HAP. Of these, 220 (99%) of these indicated the HAPs were helpful, while the other 2 (1%) responses indicated that there was not sufficient time to complete the project. Additionally, 211 organizations gave a definitive response to question regarding interest in “Partnering with a UW-SMPH student in the future related to Health Advocacy.” Of these, 187 (89%) responded that they were interested in future partnerships; and among the 24 community partners who answered no, the need to have a preexisting relationship with the organization and limited organizational capacity were among the most commonly noted reasons.

Discussion: Overall, the HAP was well received by community partners and promoted self-reported student comfort with and interest in future advocacy efforts. Despite these positive outcomes, rare negative feedback from community health stakeholders offered critical insight and clear opportunities for program improvement. The short nature of the HAP likely served as a barrier to successful relationship building in some cases, and possibly contributed to increased pressure on our community partners for capacity due to the recurring cycle of the HAP and student outreach. This prompted curriculum leaders to move beyond the short-term positive impacts and reflect on the long-term institutional footprint of this curriculum within the community. Consequently, after 3 years, we opted to discontinue the current HAP curriculum at the end of 2020, with these lessons informing the next iteration of the health advocacy curriculum. The reimagined health advocacy curriculum will have additional learning activities to address advocacy-related communication, including standardized training before engaging with community partners. In addition, standardized assessment will occur through use of simulated encounters with advocacy stakeholders. Finally, new curriculum will ensure sufficient time and support to community partners when students engage community partners on advocacy efforts.

Significance: The HAP demonstrated the feasibility of medical school curricula that promoted student independence and skills in community partnership development; and the majority of student and community partner feedback was favorable. Nonetheless, it was important to address the few exceptions and design a curriculum that adheres to principles of community engagement.

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A Student in My Pocket: Development of a Virtual Internal Medicine Hospital Rotation During the COVID-19 Pandemic

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**Purpose:** It is imperative for physician assistant (PA) students to be exposed to hospital medicine as 40% of practicing PAs identify the hospital as their principal clinical practice setting. Many of these rotations were canceled due to the COVID-19 pandemic, negatively impacting the 70% of PA programs not affiliated with an academic medical center. To address this need and provide a comparable experience for PA students, medical educators at the University of Chicago created a Virtual PA Rotation (VPAR). The purpose of this project was to develop a high-yield clinical rotation for private PA programs negatively impacted by COVID-19 by implementing and evaluating a 4-week-long VPAR comprising (1) direct patient care, (2) medical educator-facilitated breakout sessions, and (3) asynchronous learning.

**Approach:** Five students worked with 3 preceptors for the VPAR and were assigned 3–6 patients daily. Direct patient experiences included virtual interviews using FaceTime, preceptor staffing via Zoom, and completion of daily progress notes. This was augmented with medical educator-facilitated breakout sessions and didactic sessions. Evaluation of the VPAR included: (1) comparison of virtual vs traditional in-person rotation patient logs, (2) postcurriculum survey of students and medical educators’ satisfaction and self-efficacy, and (3) student pass rate on the end of rotation (EOR) examination.

**Outcomes:** Diagnoses and patient encounter logs were collected from the 5 virtual rotation students and compared with 4 students who completed traditional in-person rotations in 2019–2020. Mean diagnoses logged per virtual student was 206 (standard deviation [SD] = 155), compared with mean 414 diagnoses (SD = 130) for traditional students (t = 2.14, P = .07). Mean patient encounters logged per virtual student was 34.2 (SD = 20.7), compared with 80.8 (SD = 29.5) for traditional students (t = 2.79, P = .03).

One hundred percent of students responded to a survey. Interactive patient interviews, preceptor group, case presentations, and electronic health record review were rated as the most useful educational experiences. Students felt most prepared in ability to review hospital charts, analyze results, and obtain a patient history. All 5 students felt this rotation provided an adequate experience to understand Internal Medicine in a hospital setting.

Fifty-nine percent (13/22) of medical educators responded to the postrotation survey. Eighty-five percent (11/13) were moderately or extremely satisfied with their participation in teaching in the rotation, 77% (10/13) were moderately or extremely likely to recommend the rotation to other medical educators, and 100% felt it made them more open to future interprofessional education experiences.

**Discussion:** We were able to create an innovative, high-yield hospital medicine rotation to meet the need for PA students negatively impacted by COVID-19. The VPAR overall was a success as measured by 100% EOR examination pass rate, high student ratings, and comparable patient encounters and diagnoses. The VPAR was also well received by medical educators, though most felt it was more time-consuming, proving to be the biggest limitation to this model. Lessons learned from the preceptors included limitations of technology such as decreased device battery life, need for troubleshooting, and loss of organic educational experiences for students. They also highlighted concerns regarding increased time dedicated to logistics of the rotation while managing highly complex patients. Strengths of the VPAR include its feasibility, low cost of implementation, and ease of application of this model to other practice settings, specialties, and professions. The VPAR also has the capability to adjust for different rotation lengths of time.

**Significance:** We believe the results above showcase that this innovative model of education can meet the needs of PA students negatively impacted by COVID-19. Therefore, as COVID-19 continues and health systems respond, a VPAR is a reasonable alternative to in-person clinical rotations. Beyond COVID, this pilot rotation’s success demonstrates that VPARs or a hybrid of a virtual and in-person rotation may be an interesting addition to PA education, particularly for unaffiliated programs with a significant need for access to inpatient rotations and tertiary care centers. Furthermore, this model could easily translate to other professional disciplines similarly impacted by visiting student restrictions.

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**References**


**A Multi-Institutional Approach to Assess the Mental Health of Medical Students**

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**Purpose:** It is well documented that medical students suffer from suboptimal mental health. However, literature investigating the prevalence of mental health difficulties reports highly variable ranges and focuses primarily on depression, burnout, and suicide. This innovation outlines the efforts of the Consortium for the Study of Medical