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 “Partnersing 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.3

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Funding/Support: Supported by the University of Wisconsin School of Medicine and Public Health from the Wisconsin Partnership Program.

Other disclosures: None reported.

Ethical approval: Report as not applicable.

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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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