people of color. To address the call for pedagogical concepts and practices explicitly focusing on racism and its impact on health and the promotion of racial justice, this article highlights LCs as our medical school's vehicle for student interactions and conversations on race, using a session on implicit bias as an example. Our medical school small group LC sessions allowed for the relationship building, safe space creation, and self-reflection needed for effective discussions on race.

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Institutionalizing Health Justice Frameworks in Medical Education

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Purpose: Though national discussions surrounding marginalized populations and health inequities have never been more prevalent or timely, medical education has not yet adequately addressed its own role in precipitating disparities. There is increased recognition in literature and among medical educators that a lack of intersectional health justice concepts in medical curricula contributes to health injustice, as well as promotes a medical culture that deprioritizes marginalized populations through both macro- and microaggressions. Faculty are becoming more aware of these issues; however, many lack the tools needed to help them redesign curricula to be more equitable.

Approach: A group of students at the University of Michigan Medical School (UMMS) with diverse personal and academic backgrounds developed a toolkit to guide lecture redesign, using principles of intersectionality, critical race theory, and activism discourse. They outlined specific concerns found in current UMMS education materials and suggested several methods for improvement in the toolkit. Recommendations were organized into 4 domains—visuals, language, historical context, and determinants of health. The developed toolkit was endorsed by the institution's Curriculum Policy Committee, then introduced to preclinical content leads and clerkship directors. To facilitate rapid adoption, students worked with the respiratory content leads to pilot the toolkit in the fall of 2020.

Outcomes: Fourteen lectures have been systematically reviewed and amended to date. One hundred and thirty-one edits were recommended by students, and additional self-edits were made by faculty to both old and new course materials based on their own learning after use of the toolkit. For example, one lecture stated that sarcoidosis has high incidence in Black women but featured a photo of a White patient to demonstrate a related skin finding. The updated lecture includes a photo of a patient of color to accurately represent the information presented and increase equity of dermatologic medical education. Each lecture edited so far has required multiple revisions in at least 2 of the 4 domains.

Discussion: The process of revision was time consuming, and motivated student leaders helped ensure success of the pilot. Time and resources will be needed to expand application of the toolkit throughout the undergraduate medical education curriculum. Buy-in from key stakeholders, including administration, faculty, and learners, was necessary to implement the identified amendments, demonstrating a need for a coordinated and multilevel effort to sustainably move medical culture toward improved inclusivity and justice. Following endorsement by the Curriculum Policy Committee, an administrative workgroup was created to facilitate implementation of the toolkit in educational review practices and oversee related long-term goals, ensuring institutional memory and change.

Significance: This project represents a pilot intervention to operationalize a culture shift in undergraduate medical education through continuous, health justice-focused amendment of educational materials. Expansion into graduate medical education at UMMS is underway. Next steps include more focused faculty development, evaluation of the efficacy of the toolkit, and toolkit revisions and expansion through health justice expert consultation, with the intention to instill enduring continuous improvement of medical education across the continuum.

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The authors have informed the journal that they agree that both K.E. Neff and K.S. Puttagunta completed the intellectual and other work typical of the first author.

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

Parvathy Pillai, MD, MPH, Stephen Bagwell, MA, Joseph Orman, and Mark Beamsley, MD

Purpose: Health advocacy is a key physician skill to address social determinants of health and promote health and health equity. 1 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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