A Curriculum to Cultivate Change Agents: 12 years of experience with a required medical student health advocacy curriculum in a longitudinal third year clerkship

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Problem Statement: There are increasing calls for physicians to engage in advocacy efforts as part of their professional responsibility. Our medical education system must provide the necessary skills and tools for success in this domain. Despite this, formalized and required medical school health advocacy curricula are rare.

Approach: Over 12 years’ time, we developed and implemented a required curriculum in the Harvard Medical School Cambridge Integrated Clerkship (CIC).

The five steps of the CIC Health Advocacy curriculum are:

- **Noticing:** Students cultivate the practice of ‘tuning in’ to patient experiences with health and healthcare
- **Naming:** Students learn to frame their observations as problem statements for further exploration.
- **Knowledge-building:** Students build understanding of the problem through primary and secondary data collection
- **Navigation:** Students articulate a plan to ‘get from here to there’ and identify one or more concrete positive action steps. The curriculum encourages but does not require students to implement their change ideas.
- **Narrative Presentation:** Students learn the art of ‘public narrative’ and present their advocacy plan to a group of key leaders and stakeholders.

The curriculum is delivered in three sessions with approximately 6 hours of curricular time: 1) Initial overview in which faculty share stories of their own engagement with advocacy; 2) A session for which students prepare a narrative reflection on an area of concern and work with peers and faculty to develop their idea; and 3) Public Narrative presentation session. Approximately 15 hours of independent work and study is expected between the second and third session. Key to the curriculum is connecting learners with faculty mentors.

Lessons Learned: In 3 years of formal evaluation surveys, students endorse the success of the curriculum in: 1) helping them notice gaps between what is and what they think should be for their patients; 2) deepening their understanding of a problem; 3) articulating an actionable positive step; and 4) communicating effectively with key stakeholders. Half of students reported that the curriculum was effective in permitting them to make a meaningful positive contribution to the healthcare system in which they were training. Sixty percent of learners report their intention to incorporate advocacy into their careers. The unique institutional context within which the CIC Health Advocacy curriculum is embedded is likely an important factor in its success.

Significance: Our experience with the CIC Health Advocacy Curriculum has implications for health care reform,
improvement science and burnout/retention efforts.

References:
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Stephen S. Cha, MD, MHS Joseph S. Ross, MD, MHS, Peter Lurie, MD, MPH, Galit Sacaju, MD, MPH Description of a Research-Based Health Activism Curriculum for Medical Students J GEN INTERN MED 2006; 21:1325–1328.

Level of Audience: Mid-career

Focus of Presentation: UME

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