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The Case for Advocacy Curricula and Opportunities in Medical Education: Past Examples to Inform Future Instruction

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Abstract

With recent advances in understanding racial, socioeconomic, and mental health issues in medicine and their relation to policy and legislation, medical professionals are increasingly involved in local and national advocacy efforts. At the frontlines of these initiatives are medical students who, in addition to completing required coursework and clinical training, devote themselves to serving patients through civic participation. The burgeoning evidence concerning health care disparities and inequity, along with greater awareness of racial and socioeconomic discrimination, have made advocacy an essential aspect of many students' medical training. Every year, thousands of medical students join national medical advocacy organizations, in addition to regional, state, and local groups. Despite the rich history of medical student involvement in advocacy, there remains much speculation and skepticism about the practice as an essential component of the medical profession. From early initiatives pushing for national health insurance after World War II to encouraging anti-discrimination policies and practices, medical students have been collectively working to create change for themselves and their patients. Through efforts such as banning smoking on airplanes, creating safe syringe programs, and protesting against police brutality, many medical students work tirelessly in advocacy despite minimal educational support or guidance about the advocacy process. Given that medical student advocacy continues to grow and has shown measurable successes in the past, the authors believe that these efforts should be rewarded and expanded upon. The authors examine historical examples of medical student advocacy to suggest ways in which advocacy can be integrated into core medical school curricula and activities. They call attention to opportunities to support students' development of knowledge and skills to facilitate legislative change, expansion of interprofessional collaborations and credit, and curricular updates to promote social and health equity.

Participation in activism and advocacy among medical students has a rich and longstanding history. Originating as an extracurricular endeavor taken on by select passionate students, advocacy has evolved to become an important component of the practice of medicine. We define advocacy in medicine as activities related to influencing health policy to create systemic change, ensuring access to care, helping patients navigate the health care system, mobilizing resources, and addressing health inequities.[1] Today's medical trainee advocacy has existed for over a century, not only helping trainees build professional identities as future physicians, but also changing the larger medical structures and frameworks in the United States. Beginning in the 1930s and 1940s, American medical students, interns, and residents conducted advocacy under the banner of the Association of Internes and Medical Students (AIMS), a chapter-based organization across the United States. In addition to campaigning for national health insurance following World War II, they sponsored public lectures, opposed racism in health care while promoting internationalism, and fought for curricular reform, higher pay for interns, and better working conditions.[2] Advocacy efforts conducted by students have expanded and evolved since the 1930s and we believe institutions must mirror this growth to provide students with the tools and opportunities to become empowered advocates for their future patients.

Throughout this article, we examine the history of medical student advocacy and its benefits to both students' education and health care systems. Despite the rich history of medical student advocacy, many institutions still do not place emphasis on this component of medical education.[3] Few institutions incorporate a formal curriculum aimed at teaching trainees how to advocate for patients outside of the exam room effectively. A recent study found that most "advocacy courses" in U.S. MD-granting medical schools were survey courses of public

health/epidemiology, policy, and population health that did not feature advocacy skills building or field experiences of selectively offered electives. Moreover, it found variable structure and content in these courses; notably only around 2% of courses focused on racial inequities and racial/ethnic minorities.[4] In light of the current state of advocacy recognition and its essential role in today's health care, we aim to encourage current medical training programs to formally incorporate advocacy education and offer opportunities for engagement in health policy. We promote the expansion of interprofessional collaborations so students can help patients access and navigate health care. Supplying students with the skills to join their colleagues in formal advocacy efforts has proved successful in effecting change within our communities. We call for institutional curricular updates that reflect and promote social and health equity, so students can understand the impact of structural racism on health care and its contribution to health disparities still witnessed today. If institutions can incorporate these three components into their curricula, we believe students will graduate as confident physician-advocates ready to impact the next generation of medicine.

Encouraging Students to Facilitate Legislative Change

Although enacting legislative change is a complex endeavor, medical students have made strides in improving health care access by advocating for changes in the law at the state and national levels. This is the most fundamental form of advocacy, and we believe, at minimum, students should be educated about current health policy and ways they can push for legislative change. We also believe student-run organizations that have advocacy at the forefront of their mission should continue to be supported by leadership in medical education, considering past successes in policy change have occurred through these avenues. For example, in the 1970s, medical

student activists of the American Medical Association (AMA) Medical Student Section led a campaign at the AMA House of Delegates to eliminate smoking from domestic aircrafts. A smoking ban on flights was passed in 1989, one of the first steps in banning public smoking in the United States.[5] In 1976, the American Medical Student Association (AMSA) split off from the AMA as an independent organization, to take a stronger stance on civil rights.[6] Before the general awareness of burnout among health care workers, AMSA launched one of the first long-term campaigns to improve resident physician working conditions. The campaign's goals included reducing excessive workloads, improving unsafe working conditions, and alleviating fatigue to reduce preventable medical errors. In 2001 and 2002, AMSA petitioned the United States Occupational Safety and Health Administration to pursue federal legislation. Eventually, in 2002, the Accreditation Council for Graduate Medical Education (ACGME) instituted work hour regulations.[5]

Other student-led organizations, such as the Student National Medical Association, established in 1964,[7] and the Organization of Student Representatives within the Association of American Medical Colleges (AAMC), created in in 1971,[8] have cultivated similar cultures of leadership and advocacy. The establishment of such groups signals a strong interest by select medical students to collaborate with each other and their predecessors to effect change. Though these organizations excel at encouraging student advocacy, a broader impact could be achieved if medical schools dedicated formal time to legislative and health policy education.

Success in changing legislation has historically been achieved through grassroots efforts and mentorship, but we believe far more can be accomplished with institutional support and

guidance. For example, in 2007, the University of Miami Miller School of Medicine implemented health advocacy training into the first-year curricula. This training incorporated didactic education paired with interaction with community-based organizations to design a health advocacy project that could be implemented at the community level.[9] In the first 3 years of this, over 20 projects were completed. In the mid-2010s, in response to local opioid and HIV epidemics, medical students at the University of Miami undertook a multifaceted approach to bring syringe service programs (SSPs) to Florida.[10] A research capstone on the benefits of SSPs gained enough traction to become a resolution presented at the Medical Student Section of the Florida Medical Association (FMA) Annual Meeting. Medical students wrote the resolution to organize the FMA to seek legislation implementing SSPs in Florida, winning support through persistent advocacy efforts. With the FMA's official position supporting SSPs, students were able to elevate their advocacy efforts and expand to writing op-eds, appearing on television and radio interviews, and sending action alerts via social media. From 2013 to 2016, students attended 4 legislative sessions where they, along with practicing physicians and regional officials, testified to committees. Their efforts were eventually successful in 2016, when the Florida legislature authorized the Infectious Disease Elimination Act, establishing a Miami SSP pilot. Since then, these students helped establish the IDEA Clinic to provide compassionate care for patients who inject drugs in Miami. Creation of the clinic was in part possible through the students' push for legislative change. They were also able to provide care to individuals who otherwise would not have adequate access due to stigma and low socioeconomic status. Utilizing data from the Miami pilot program, these students continued to advocate for SSPs statewide, which became law in 2019.[10] The success of these students' advocacy efforts may relate in part to the school's earlier adoption of a required advocacy curriculum.[9]

Efforts made by medical students to create legislative change are ongoing at the federal level as well. In 2017, medical students organized nationally in response to the potential repeal of the Patient Protection and Affordable Care Act (ACA). Students from various medical schools gathered under the #ProtectOurPatients coalition, urging Congress to protect the ACA and collecting over 4,000 signatures on an online petition. Additionally, they organized a call campaign to the Senate and arranged a lobbying day in Washington, DC, where they met with legislators at the Department of Health and Human Services.[11] Medical schools can build on such examples and could provide a sustained introduction to the legislative process such as through supporting school "advocacy days" for students to speak with local, regional, or federal lawmakers on important issues. We recognize there may be logistical challenges to students traveling for legislative sessions. If distance or time constraints are prohibitive, we suggest schools investigate and invite local lawmakers to campus or hold video conferences with legislators in which students can discuss current topics in health policy.

There are numerous examples of medical students supporting policy changes independent of their respective institutions. Medical schools have an opportunity to acknowledge and encourage student interest in legislative change, public policy, and organizational involvement, and medical training programs can prioritize exploratory curricular enhancements. Incorporating health advocacy in the curriculum could encompass a wide range of additions such as standardizing access to advocacy mentorship and guidance, providing workshops on the legislative process, and allocating necessary funding for student initiatives. We believe advocacy-centered formal teaching would pair well alongside required community rotations for medical students and could equip students with the tools needed to combat health care disparities within and outside of the

hospital. For example, at the University of New Mexico School of Medicine, an 8-week course was incorporated into the family medicine clerkship, focusing specifically on health policy analysis and the physician's role in advocacy.[12] This course contained a total of 18 contact hours divided among various didactic lectures, small group discussions, and student-led presentations, culminating in a final project requiring a policy analysis presentation covering a topic of the student's choice. Such formalized opportunities not only empower future physician-advocates but also support the patients served by the enacting medical schools.

Empowering Students Through Interprofessional Training and Partnerships

In addition to formal training on components of legislation, students should be encouraged to work with colleagues from other professions to best serve their patient populations. Medical students have leveraged interprofessional initiatives to improve health care access and address health inequities in underserved populations. Through acknowledgment of these efforts, we hope that medical training institutions can enable the possibilities through interprofessional outlets and provide measures for student participation and recognition, such as greater institutional support, enhanced interprofessional education, and even course credit. Such measures would support students engaging in interprofessional initiatives by offering foundational education and commendation for their efforts. We wish to recognize the springboard effect that these interprofessional opportunities possess for advocacy among medical students and between health care and other sectors. For instance, numerous student-run free clinics operate in communities across the country to meet population-specific needs. Medical students at Case Western Reserve University School of Medicine have established a patient advocacy program through an interprofessional student-run free clinic that serves the uninsured population in the city of East

Cleveland.[13] It is unique in its approach, incorporating social work students to help enhance patient navigation of health care services and community resources. Notably, this led to initiatives that assisted patients in applying to an expanded Medicaid program.[13] Such interprofessional collaboration could be enhanced with institutional lectures on coordination between medicine and social work to advance advocacy for Medicaid or other insurance programs to support underserved patient populations.

Medical students have also partnered with law students in efforts to improve health care access and assist patients in navigating a complex system. The Weill Cornell Center for Human Rights, founded in 2010, was the first student-led group to focus on evaluations for asylum seekers. Since then, student-run asylum medicine clinics have been developed at various locations around the country to provide forensic evaluations for individuals applying for asylum in the United States. More than one-third of these clinics offer additional services to patients, including pro-bono, low-cost legal representation, and medical and social services. Thanks in part to the representation and assistance from students, the number of asylum seekers granted protection from the northern triangle countries of Central America between 2010 and 2016 has doubled.[14] The collaboration between medical students and law students also continues broadly in various medical-legal partnerships (MLPs). These MLPs have played a growing role in improving patient care by addressing the social and environmental conditions that impact patient health. For example, the Rhode Island MLP for Children connects law students from the Roger Williams University School of Law and medical students from the Alpert Medical School at Brown University to provide legal assistance for families seen at primary care clinics. As these partnerships also incorporate social work and patient navigation services, they have contributed

to increased improvement in patients' health and legal status by ensuring that their basic needs of housing, food, and job security are met and their legal rights are enforced.[15] Similar MLP programs in rural Illinois have reported a total of $4 million US dollars in relief for health care debt over 7 years for patients seen as part of their program.[16] The asylum clinics and MLPs present excellent examples of effective interprofessional collaboration to advocate for patient access to health resources. We applaud these partnerships and acknowledge current faculty supervision and urge medical schools to deepen this involvement through dedicated teachings on these joint collaborations. Medical trainees would greatly benefit from foundational education on the roles of their counterparts in the sectors of law and social work. This education could extend further, with more medical schools allowing students to cross-register for coursework at institutional schools of law, social work, and more. Additionally, we hope medical schools consider offering elective credit to acknowledge the time and effort students put into the execution of these partnerships.

We understand that medical student advocacy efforts are often interprofessional and as such, request acknowledgment of that interprofessional involvement by our institutions. This could take the shape of increased institutional opportunities for students to work across health care disciplines. Interprofessional education days are currently a staple in MD degree granting medical education and could be utilized to encourage advocacy coordination among students of all professions. For example, institutions can host advocacy days that feature speakers holding membership in each profession's primary organizations to discuss opportunities for cross-collaboration. These discussions can highlight topics of common interest among the participating professions, allowing students to collaboratively tackle health care's biggest problems. In

addition to gaining transferable skills, partnerships of students across disciplines, including law and business, can allow for collaborations that build upon student-run clinics and MPLs to help transform the future of health care and ensure more equitable delivery.

Equipping Students to Mitigate Social and Health Disparities

Before students can work toward being effective advocates, they should possess a comprehensive understanding of the needs of their patient populations. Though it is not the only component driving health and other disparities, structural racism has contributed to, and continues to influence, socioeconomic disparities nationwide.[17] We acknowledge the myriad disparities that institutions can address within their communities, but we wish to highlight how students have used advocacy to mitigate the social and health disparities resulting from structural racism. Such student advocacy has a decades-long history, and the opportunity is ripe for institutional recognition through curricular updates and supportive guidance.

On the heels of the Civil Rights Movement in the 1960s, a resurgence of medical student advocacy centered on the quality care gap between private hospitals, which served more socioeconomically affluent patients, and public institutions, which served disadvantaged patients.[18] With the help of the Student American Medical Association (now AMSA), medical students began supplementing their education in a variety of ways, including organized externships in which they practiced and learned in medically underserved communities—most of which were comprised predominantly of patients from ethnic and racial minority backgrounds. Medical schools soon developed required community and rural clinical rotations aimed at third-

and fourth-year students. What began as a partnership between medical schools and community hospitals to increase student clinical experience transformed into the breeding ground for advocacy projects carried out by those students.[19] As students were familiarized with the struggles of their underserved patients, they leveraged the power of advocacy to better their patients' health and well-being. In part due to students' advocacy , institutions have integrated these clinical rotations in the curriculum.

More recently, the importance of medical student advocacy has been exhibited during the onset of the COVID-19 pandemic and the continuing collective push against police brutality. Students have stepped up to promote health and social equity, often standing side-by-side with faculty in these efforts, and they ought to be acknowledged by their institutions for such involvement. Notably, COVID-19 disproportionately impacted individuals of ethnic and racial minority backgrounds, with Black or African American patients 1.9 times more likely and American Indian or Alaska Native patients 2.4 times more likely to die than their white counterparts, as noted in April 2021.[20] These stark disparities served as reminders to many medical students, who have demanded change that addresses health inequities nationwide. Many leaders in medical education are no longer accepting conversations that gloss over disparities stemming from structural racism and its interaction with the social determinants of health, now often turning to medical students for assistance in restructuring teachings toward an actively anti-racist curriculum.[21] Student doctors must be well positioned to address these issues throughout their careers, a further incentive for integrating advocacy curricula and opportunities that can equip students early to mitigate social and health disparities.

Medical student advocacy targeting social and health inequity may take the form of organizational membership and public opposition, and it is essential to discuss institutional recognition and guidance in participation as it relates to medical school attendance and selection for graduate medical education. Tackling racism in medicine and advocating for the health of Black people and other people of color, the White Coats for Black Lives (WC4BL) organization saw a resurgence of support following public outcry over the murder of George Floyd. Along with Black Lives Matter (BLM) activists, WC4BL groups organized movements across the country for medical professionals to come together and kneel in silence and in solidarity. They also began the Actions Speak Louder campaign, which demanded change within medical institutions. Students and medical professionals have both participated in protests for BLM. In a move showcasing national support, and due to the large number of medical students participating in BLM protests across the country, the AAMC released guidance in July 2020 for selection committees in both undergraduate and graduate medical education, urging committees to carefully look at the circumstances surrounding protest-related arrest.[22] We thus hope institutions enact policies that guide and support students attending rallies and congressional hearings, discussing accommodations for class or clinical rotations.

Medical students are already moving beyond the classroom to mobilize resources and demand change in their curricula to reflect teachings in health and social equity. Students at the University of California San Diego School of Medicine Anti-Racism Coalition sent a list of demands to their institutional administrators.[23] They advocated for funding allocations to anti-racist initiatives, protected time for trainees to engage in anti-racist training, creation of compensated positions dedicated to anti-racist initiatives, and formation of an anti-racist task

force with trainee involvement to address racism within the medical school. Other academic institutions have followed suit, increasing anti-racism training and workshops among other initiatives. We encourage all medical education institutions to accept the challenge of refining their curricula with an anti-racist lens, ensuring all students are exposed to diverse patient populations and given institutional policy support and guidance on effectively advocating on their patients' behalf.

Concluding Observations

The history of medical student advocacy is rich and robust, as medical trainees have led significant social and civil change in the last 2 centuries, including those broad, successful initiatives within the United States that we have highlighted. Contemporary medical students participate in local and nationwide advocacy efforts, making great strides in health policy, expanding access and quality of health care, and responding to health and social injustices. Despite an already demanding medical curriculum, students continue to participate in health advocacy efforts. We posit that these efforts are as critical to their medical school education as clerkships and board exams, given the increasing evidence that health care disparities negatively impact patient outcomes and health care delivery.[24,25] Medical student advocacy continues to expand and has shown measurable successes in the past; thus, we believe that these efforts should be rewarded and expanded upon in formal training and opportunity ACGME requirements include "advocating for quality patient care and optimal patient care systems"[26]—an education that should not begin and end during residency training. Medical schools can educate future physicians on the importance of advocacy beyond a patient's room through opportunities that support knowledge and skills in facilitating legislative change, expansion of

interprofessional collaborations, and updating curricula and guidance to promote social and health equity. Skills in advocacy require sufficient time and ample guidance to progress throughout a student's education and training; as such, it is opportune for medical schools to showcase the dedication of academic medicine to its learners and patients by incorporating these educational opportunities. This, in our perspective, is essential to training not only the strongest physician-advocates but also the most effective physicians ready to face tomorrow's challenges in medicine.

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