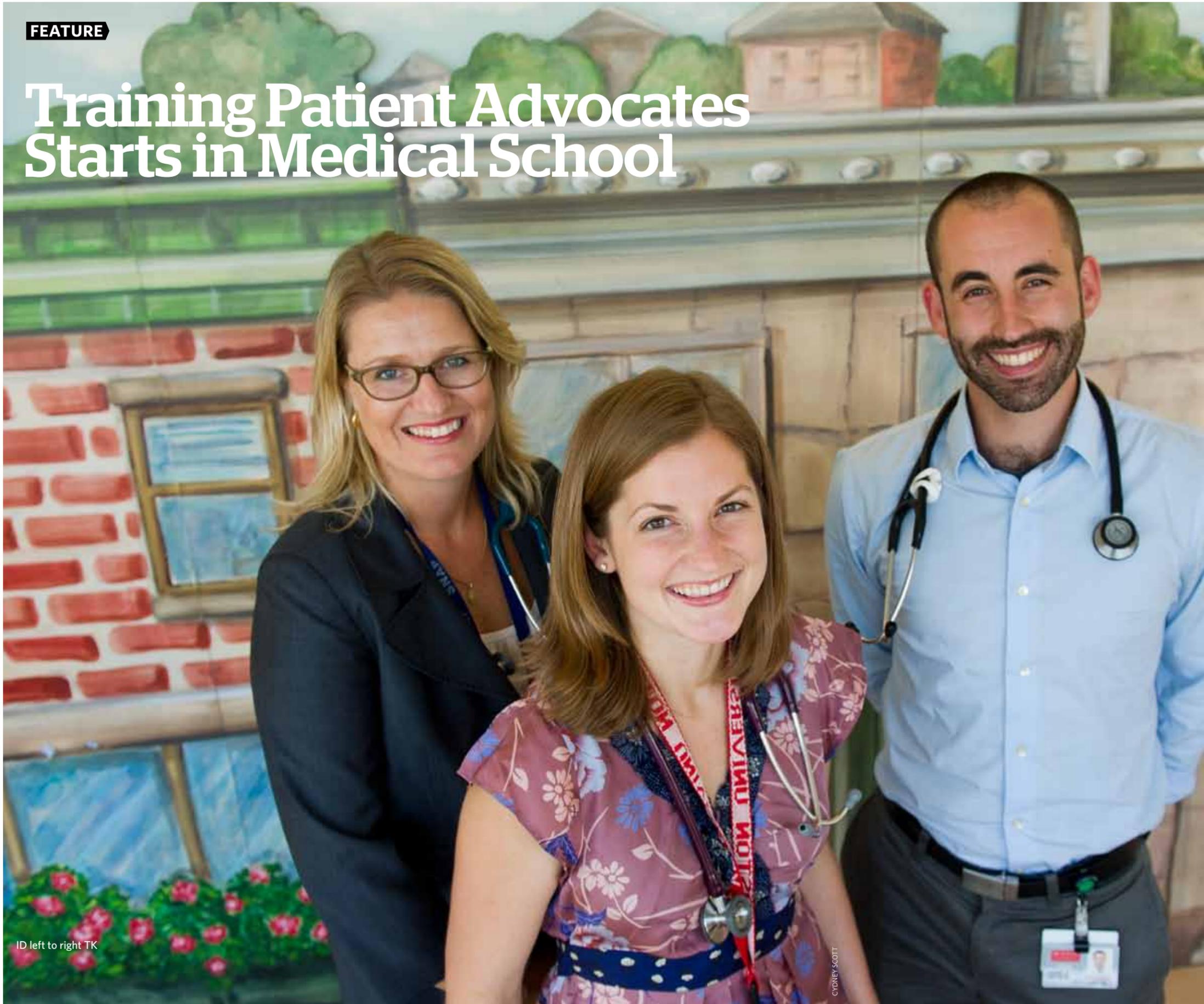
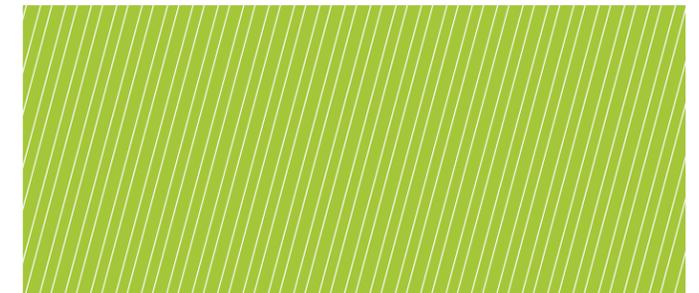


Training Patient Advocates Starts in Medical School



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CYDNEY SCOTT



Innovative BUSM Spectrum of Physician Advocacy Program Trains Medical Advocacy Leaders

There is a saying on the BU Medical Campus that a cancer diagnosis may not be your patient's biggest problem. Patients more adversely affected by societal ills like poverty and environmental issues like poor housing face a host of issues, of which a life-threatening disease may be only one. To provide appropriate and effective treatment for their patients and to promote their health, physicians become advocates, but advocacy training was not part of formal medical education.

Students at Boston University School of Medicine (BUSM) have developed a program to rectify that gap. Eight years ago, then-medical student Chen Kenyon, MD '06, led the creation of a first-year elective, the Spectrum of Physician Advocacy, mentored by Robert Witzburg, MD '77, BUSM associate dean for admissions.

That single elective has now blossomed into the BU Advocacy Training Program (BU ATP), which offers curriculum throughout the four years of medical school and features a pilot that was recently approved by the School of Medicine as a scholarly concentration. Because BUSM's Advocacy Training Program is student-created and

directed under faculty mentorship, students have developed not only as physician advocates but as leaders of physician advocacy, as well.

"The way we define advocacy as a skill set is anchored in the social determinants of health," says Megan Sandel, MD, BUSM associate professor of pediatrics and public health and faculty director of the BU Advocacy Training Program. "We have developed a program to help students interact with systems to improve the health of their patients. Leadership development among students, a key component of the program, really distinguishes it from other advocacy training programs."

The program comprises a first-year course focused on the social determinants of health taught by students who have already taken the course and faculty engaged in advocacy, and a second-year course focused on interdisciplinary learning taught by medical and law students, and physicians and lawyers engaged in advocacy. In the third year, students learn from case-based online modules related to the rotations they are taking that year, and in the fourth year they choose an advocacy project mentored by a faculty member.

"We offer an advocacy training program for anyone who wants to be involved at whatever level, as students can take the four-year concentration or they can take components of the program," Sandel notes. "A fitting analogy is that everyone takes cardiology in medical school with the understanding that not everyone is going to be a cardiologist, but we think learning how the heart works is inherent to being a good physician. Every physician should at least be aware of advocacy skills and competencies, while a certain subset is going to go on to be that advocacy specialist, which will be a career-defining part of their profession. I think we want our curriculum offerings to be able to toggle between both."

The BU ATP trains medical students in the theory and practice of advocating for the health and well-being of patients and their communities. "At the end of medical school we want our students to be able to understand the social determinants of health at a theoretical level," says Lauren Fiechtner, MD '09, alumni director of the program and recent graduate of the combined BMC-Boston Children's Hospital pediatrics program. "They also will be able to screen patients for social risk factors affecting their current and future health, intervene directly to address the social issues disrupting a patient's health at the individual or community levels, and leverage resources to effect broader change by addressing these social issues at the community, state, national, or international levels."

Approximately 15 percent of each medical school class participates in the program. Of that percentage, a cohort of students go on to teach in the program, mastering content and resources while acquiring the skills and techniques necessary for being educators. They also become

mentors to their fellow students. "As a resident you have to teach but you aren't formally taught how to teach in medical school. This program provides that opportunity," notes Fiechtner.

The curriculum addresses how advocacy can be applied to direct patient care, why advocacy is linked to the mission of medicine, how to highlight health disparities that exist at all levels, and how to identify local trends in health outcomes and potential interventions to ameliorate the inequities. Students learn to translate patient information and community trends into data that can help inform health and public policy making, and to recognize opportunities for greater involvement in the promotion of individual patient health and well-being, community development, health policy, and global health.

They are also taught how to create research-based advocacy tools, how to screen for housing, food, and energy insecurities, and how immigration status and eligibility for benefits influences health and health outcomes. Students attend sessions and complete assignments that help them develop the skills necessary to write abstracts for scientific conferences and letters to the editor.

This past spring, students in the first-year course researched and reported on resources available to patients at Boston Medical Center (BMC). They created a central database of the resources that health care providers at the hospital can access easily, streamlining the process of matching up patient need with a program or agency to help meet the need.

Mentorship is a significant component of the program. Aligned with the BU Medical Campus mission to care for the underserved, many faculty members are deeply involved in and committed to physician advocacy. "A major benefit to students is access and exposure to physician leaders who are advocates in their own right," says Dan Dworkis '13, student director of the BU ATP. "We are fortunate to be in an institution that values advocacy as one of the components of providing health care."

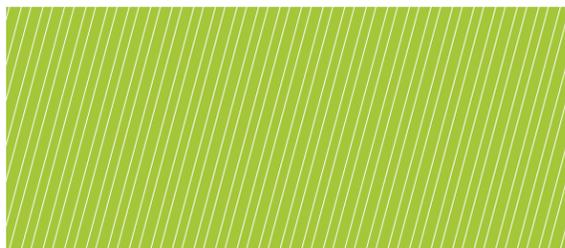
"Also, Dean Antman and Dr. Hughes (associate dean for academic affairs) have been incredibly supportive. Students come to BU Medical Campus because they want to work with the underserved. We aren't afraid of tackling these issues, and we also are fortunate to be led by physicians who feel the same way."

Dr. Sandel, a nationally recognized expert on housing and child health, is a former director of Pediatric Healthcare for the Homeless at BMC, a co-investigator for Children's Health Watch, and medical director of the National Center for Medical Legal Partnership.

Other BUSM faculty who mentor students and speak on topics related to the curriculum include Thea James, MD, associate professor of emergency medicine. Dr. James is director of the BMC Violence Intervention Advocacy program, which helps victims of violence recover

"Our patients teach us, even as students in training, that neither suffering nor disease occurs in a vacuum."

—Dan Dworkis '13



Michael Siegel, MD, MPH, BUSPH professor of community health services, addresses second-year Advocacy Training Program participants.

from their physical and emotional trauma, and co-founder of Unified for Global Healing, a nonprofit organization that provides culturally competent health services and promotes health education using multidisciplinary teams to underserved communities internationally.

Jessie Gaeta, MD, a member of the BU ATP core faculty and medical director of the Barbara McInnis House of the Boston Health Care for the Homeless program, is the co-founder of the Home & Healthy for Good program operated under the auspices of the Massachusetts Housing and Shelter Alliance. Their mission is to find permanent housing for the chronically homeless, and then treat their illnesses.

"Fundamentally, the health of our patients requires that we understand these issues," says Dworkis, who develops curriculum and written materials, helps other students lead classes, fundraises, and manages the logistics of operating the program. "We need to be leaders to help change the circumstances that affect the way our patients are living. To improve their health, we need to help change their circumstances."

Dworkis also notes that BU ATP students are exposed to other BUSM student leaders, which helps keep them passionate and engaged in advocacy. "We repeatedly hear from our students that our program is one of the things that helps keep that focus alive in them," he says.

"Our advocacy students are recognized on the floors (of the hospital) as knowledge-based resources, characterized as being acutely aware of social determinants of health in our patients and able to provide a context and access to resources when a patient is identified as having a social issue that is affecting their health. With 15 percent of BUSM students having this training, we think that almost every team includes one of our students."

Residents in the BMC-Children's Hospital Boston Combined Residency Program in pediatrics offered an excellent opportunity to link medical teams for advocacy. They developed a physician iPhone application that houses current research on advocacy. The application needs regular updating, and BUSM students in the advocacy program can be involved in the process, thereby advancing their knowledge of advocacy research while offering them the opportunity to collaborate with residents.

Some of the projects in which students in the program have participated include developing a tool kit that providers can use to help patients get food benefits that are often denied on the first request; creating a

website that links providers with housing code enforcement agencies to help patients whose housing situation is compromising their health; and developing a pilot program to form a transdisciplinary impact team of medical, legal, educational, and business students at BU to advocate with social services agencies on behalf of residents in a public housing project to improve the residents' fiscal and physical health.

"Dan Dworkis and other students caring for homeless patients in the hospital who would need nebulizer treatments post-discharge learned that shelters would not accept them because of their medical condition and need for oxygen," said Fiechtner. "So Dr. Gaeta and a group of students contacted the shelters and found out what therapies homeless shelters could accommodate. To get the word out about these patients' struggles, they also wrote up the experience as a case study which has been accepted for publication in *Archives of Internal Medicine*."

Dworkis dreams of an institute for medical advocacy. "I think BU is uniquely positioned among medical schools in Massachusetts to be a center for medical advocacy," he says. "Advocacy is ingrained in our mission. We have phenomenal staff, and we are constantly evolving and upgrading our curriculum and reaching out to get more faculty involved. We are also energizing our alumni, who work on these issues across the country and around the world."

Sandel, who received the BUSM Committee on Faculty Affairs 2012 Educator of the Year Award in the pre-clinical sciences for her work on BU ATP, also believes physicians are key to effecting change in the public arena. "Messenger matters just as much as message," she says. "Having a physician address policy makers and legislators about why housing conditions are bad for their patients is probably stronger than having a lawyer because we are viewed as neutral. We are not talking about something that is directly related to our self-interest, like advocating for malpractice insurance changes or better reimbursement. We are asking for changes on behalf of our patients."

Currently a scholarship for students between first and second year supports research in medical advocacy. A fund, the BU Advocacy Training Program, has been established at the School of Medicine to which donors can make contributions.

"We need more financial resources to fully realize all of the potential for this kind of training," says Suzanne Sarfaty, MD '88, assistant dean for academic affairs and director of enrichment. "This is what I hope is the first of a number of scholarly concentrations that we can offer our medical students. Scholarly concentrations promote self-directed learning and provide the structure to pursue in-depth inquiry. They give students the opportunity to individuate and pursue passions that create clinical investigators and medical leaders, and provide mentors to guide future careers."

"The BU Advocacy Training Program is an example of BUSM building future leaders in medical education through an innovative, student-led, faculty-mentored curriculum," said Dean Antman. "This will become a model for medical schools throughout the country."

For more information on the Advocacy Training Program or to make a gift, please contact Megan Sandel, MD, at 88 E. Newton Street, Vose 304, Boston, MA 02118 or msandel@bu.edu. To make an online contribution, go to www.bumc.bu.edu/supportingbusm/donate and indicate you wish to make your gift to the BU Advocacy Training Program fund. ■