

ASSESSMENT OF STRUCTURED ADVOCACY TRAINING INTEGRATED INTO THE THIRD YEAR OB/GYN CLERKSHIP

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Objectives: To determine the impact of 1) resident-led instruction on assessing social determinants of health and 2) the daily advocacy curriculum in the clerkship experience on medical students' ability to recognize and address social determinants of health.

Methods: Third year medical student advocacy training was structured through two formal curriculum mechanisms and two daily resident-led activities.

1. Clerkship orientation lecture: Establishing student role as patient advocate, how to screen for social determinants of health, and specific local resources.
2. Formal evaluation of advocacy: Students are required to screen patients for non-medical barriers to health with evaluation and feedback by faculty.
3. Student notes and presentations: Incorporation of patient's social risk factors into problem lists and plans with resident feedback on daily inpatient rounds.
4. Resident "mini-lectures" on advocacy topics: Examples include evaluation of sexual violence, addiction in pregnancy, screening for food security.

Student experience was evaluated with a retrospective survey implemented during third year OB/GYN rotations from June to December 2013. A total of 14 residents participated in daily education and 121 students participated in the rotations.

Results: Prior to the rotation, an average of 10% of students considered themselves a patient advocate "always" and 38.3% felt they were a patient advocate "most of the time." After completion of the rotation, net percentages for "always" and "most of the time" increased by 12% and 8.4% respectively. After the rotation, 33% of students felt confident that they had learned practical ways to be a patient advocate, while 65% felt they had learned but were less confident in applying specific skills. The majority of students felt that residents and attendings made efforts to model patient advocacy "most of the time."

Conclusions: Instituting formal advocacy training into a clerkship curriculum with daily resident-led reinforcement increases student confidence in their ability to act as patient advocates. The approach taken by the OB/GYN faculty and residents is a successful example of how to incorporate advocacy training into clerkships with appropriately tailored specialty-based advocacy topics and resident-led clinical reinforcement.

Future directions: More data on specific skills and the longevity of acquired knowledge would be helpful in assessing the curriculum's long-term effect in an effort to expand advocacy teaching to all third year clerkships.