

LESSONS FROM THE SPECTRUM OF PHYSICIAN ADVOCACY-1 FREE-TIME ELECTIVE



Katelyn Carey,* BUSM '17, Karen Foo* BUSM '17,
Genevieve Guyol* BUSM '17, Jawad Husain, BUSM '17;
Janine Petito, BUSM '17; Molly Zielenbach, BUSM '16,

Johnna Murphy MPH, Boston Medical Center Department of Pediatrics

Megan Sandel, MD MPH, Associate Professor of Medicine, Department of Pediatrics, BUSM.

*authors contributed equally.

Introduction: Boston University School of Medicine (BUSM) provides unique opportunities to learn about nonmedical barriers to health among underserved populations. One example is the student-led, faculty-mentored Spectrum of Physician Advocacy-1 (SPA-1) elective¹. As the importance of advocacy training in undergraduate medical education gains recognition^{2,3}, we sought to evaluate the effectiveness of the SPA-1 curriculum and measure students' attitudes, knowledge, and confidence around health advocacy.

Methods: Surveys assessing student demographics and advocacy attitudes, knowledge, and confidence were administered to 24 students enrolled in SPA-1, before and after completing the course, and to a control group of 32 first-year medical students not enrolled in SPA-1. Pre- and post-intervention data were analyzed using paired t-tests. Pre-intervention and control groups were compared using Fisher's exact or chi-square tests.

Results: We found statistically significant improvement in students' attitudes, knowledge, and confidence after completing SPA-1. Demographics and advocacy knowledge at baseline were not significantly different between class-takers and controls. Compared to controls, students enrolled in SPA-1 had more favorable attitudes towards advocacy ($p=0.0047$) but less confidence in their advocacy skills ($p=0.0434$) prior to completing the course.

Discussion: Our findings demonstrate that student-led, faculty-mentored curricula can be an effective model for advocacy training in undergraduate medical education. Additionally, we found that students who opted not to take the SPA-1 elective exhibited greater confidence in their advocacy skills, despite equivalent baseline knowledge compared to those enrolling in the class. This suggests that confidence is not a good predictor of advocacy knowledge. Thus, even students who feel comfortable with their skills may benefit from advocacy training. As a whole, our findings reinforce the value of integrating advocacy training into undergraduate medical education.

Next Steps

- Investigate strategies to incorporate advocacy education into core curriculum, while maintaining learner-centered model.
- Characterize and address interests of BUSM students not currently engaged in advocacy programming.

References:

1. Dworkis DA, Willbur MB, Sandel MT. A Framework for Designing Training in Medical Advocacy. *Acad Med*. 2010;85(10):1549–1550.
2. Croft D, Jay SJ, Meslin EM, Gaffney MM, Odell JD. Perspective: Is It Time for Advocacy Training in Medical Education? *Acad Med*. 2012;87(9):1165–1170.
3. Bhate TD, Loh LC. Building a Generation of Physician Advocates. *Acad Med*. 2015;90(12):1.