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# The Crossroads of Health Policy and Academic Medicine: An Early Introduction to Health Policy Skills to Facilitate Change

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## Abstract

**Introduction:** Despite significant health care reform in the past 10 years, health disparities persist in marginalized and low-resource communities. Although there are a lot of reasons for health disparities, many of which are not related to health care, changes in health policy can lead to improved health equity. Redefining health policy as an important aspect of medical education could popularize the teaching and application of health policy competencies within academic health centers. **Methods:** The Kern model was applied to develop a workshop to educate medical students on basic health policy concepts and opportunities for them to apply a health policy framework to facilitate organizational change. Specifically, the workshop helped trainees to define common concepts in health policy, to understand a framework for developing policy initiatives, and to identify areas of overlap between health policy and academic medicine. Instructional methods included a PowerPoint presentation, vignette-based small-group discussion, and career reflection. **Results:** The workshop was implemented at three national conferences with a total of 144 participants. Comparing pre- and postworkshop survey responses, participants felt health policy work was compatible with an academic medicine career. Over 95% of respondents agreed or strongly agreed that each objective had been met. **Discussion:** By viewing health policy through the lens of academia, trainees were able to develop a new appreciation for how health policy activities can contribute to peer-reviewed publications, teaching, and leadership opportunities. Participants were better situated to integrate health policy skills in their academic or nonacademic careers.

## Keywords

Academic Medicine, Advocacy, Health Policy

## Appendices

- PowerPoint Presentation .pptx
- Facilitator Guide.docx
- Handout.docx
- Evaluation Form.docx

*All appendices are peer reviewed as integral parts of the Original Publication.*

## Educational Objectives

By the end of this workshop, learners will be able to:

1. Define the terms *social accountability*, *health policy*, and *academic medicine*.
2. Name health policy topics of relevance to physicians in training.
3. Describe a framework for policy development.
4. Describe opportunities that support a career in health policy and academic medicine.

## Introduction

Recent health care reform in the United States has focused on policy solutions to rising epidemics of chronic disease and poor health outcomes as compared to countries at similar levels of development. Several policies found within the Patient Protection and Affordable Care Act (PPACA), adopted under President Obama's administration in 2010, are meant to target worsening disparities in health outcomes, including those affecting marginalized communities.<sup>1</sup> Implementation of the PPACA requires a highly dedicated physician workforce with literacy in health policy and expertise in the needs of the communities it serves. Passage of the American Health Care Act by the House of Representatives under President

Trump's administration in 2017, an attempt to reverse many of the advances in the PPACA,<sup>2</sup> highlights the need for a physician workforce that can advocate for its patients in both clinical and political arenas.

Health disparity data and population trends emphasize the need to improve advocacy resources for marginalized communities in particular. Despite this fact, the Liaison Committee on Medical Education has yet to address health policy within its current curricular standards.<sup>3</sup> Health policy education, which includes addressing the needs of underserved communities, is necessary to create a well-prepared and empowered physician workforce capable of addressing the growing needs of impoverished ethnic and culturally marginalized populations.

Students and educators have shown interest in increasing their exposure to health policy training,<sup>3,4</sup> but there is a lack of publications on curricula dedicated to training medical students in health policy, especially in addressing the needs of marginalized subgroups. Moreover, health policy training is often viewed as a skill ancillary to the traditional medical competencies. Even in nonclinical training, such as educational sessions focused on teaching, leadership, and research, little focus is placed on the overlap between traditional academic skill sets and skills in health policy. Redefining health policy as a normative subset of academia, instead of an unrelated profession, will allow the physician workforce to leverage its role as a community leader to support sensible, evidence-based organizational change and health care reform.

Competencies in health policy are addressed in the educational literature. Existing publications focus on topics such as interpersonal violence and childhood advocacy or on specific aspects of recent health care reforms.<sup>5-7</sup> Our workshop is unique in its narrow focus on health policy competencies specifically and on how they can be leveraged to address the multitude of issues that face providers and patients.

To ensure future generations of physicians have opportunities to develop core competencies in health policy and advocacy, we—four faculty members with experience in health policy and one medical student—were responsible for developing, implementing, and evaluating this module. Our team applied the six-step Kern model in creating the structure, implementation, and assessment of the workshop.<sup>8</sup> Following Step 1 of the Kern model (problem identification and general needs assessment), we reflected on our prior experiences in guiding medical student members of the Latino Medical Student Association (LMSA) in developing health policy activities as a part of the annual LMSA Policy Summit.<sup>9</sup> The 3-day summit provided students with tools to become involved in health policy processes to address and improve health disparities for marginalized communities. Moreover, we searched the published literature for information on policy-related knowledge and skills content relevant to training medical students. For Step 2 (targeted needs assessment), we reviewed medical student evaluations from workshops at the LMSA Policy Summit on policy analysis, development, enactment, and implementation. For Step 3 (goals and objectives), we determined workshop goals and objectives based on committee member input. For Step 4 (educational strategies), our chosen educational strategies included a PowerPoint (PPT) presentation and case discussions in small and large groups. For Step 5 (implementation), the workshop was implemented as a plenary at the 2018 LMSA Policy Summit and as a workshop at two Building the Next Generation of Academic Physicians<sup>10</sup> Academic Medicine Career Development Conferences. These venues were chosen because they afforded students opportunities for career-specific learning in a supportive environment that facilitated networking with faculty and peers with similar personal and professional goals. For Step 6 (evaluation and feedback), participants were asked to complete a pre- and postworkshop evaluation to assess the design and content of the workshop.

Workshop content included core health policy terms and definitions, emerging topics in health policy, a framework for policy development, examples of health policy efforts led by medical students, and a

description of careers in health policy. Facilitators discussed how they were involved in and/or led research-, advocacy-, or administrative-oriented policy.

### Methods

The workshop was developed, implemented, and evaluated by a team of faculty with health policy experience and a third-year medical student interested in health policy. The faculty consisted of four individuals: an associate residency program director, an assistant dean and an associate dean for diversity and inclusion, and an assistant professor of internal medicine who focuses on health disparities. Dr. Sola is founder of the LMSA Policy Summit.

This workshop can be delivered to a diverse range of trainees (e.g., undergraduate students, graduates, residents), fellows, and health care professionals. The content is also applicable to other health-related specialties, such as public health, dentistry, nursing, and so on. The preferred facilitator would be a health professional or faculty member with health policy experience.

The workshop was divided into three parts, facilitated by a PPT presentation. The first part consisted of a short didactic presentation aimed at defining the terms *social accountability* and *health policy*, providing examples of important policy topics at academic health centers, and explaining a framework for policy development. The second part consisted of small-group collaboration where students identified ways to address the challenges of a given scenario using the aforementioned framework for policy development. After students had a chance to discuss the scenarios, the class reconvened, led by the facilitator, to debrief on the unique cases. Finally, the third part delineated opportunities that support a career in health policy and academic medicine and identified current faculty involved in health policy. Utilizing a didactic and collaborative approach allowed students to apply and further corroborate the learning objectives of the workshop, as well as to reflect on current issues in health policy. The resources used to implement the workshop are listed below.

#### Appendix A: PowerPoint Presentation

The content of the workshop is provided in the PPT presentation, which includes the definition of social accountability and health policy, methods of policy implementation, and a brief summary of the cases to be discussed by the student groups during the second part of the workshop.

#### Appendix B: Facilitator Guide

This guide offers the facilitator a step-by-step outline to appropriately conduct the workshop. An explanation is provided for each slide of the PPT to allow consistent implementation of the workshop at different sites.

#### Appendix C: Handout

This handout is meant for the small-group portion of the session in which students collaborate to apply and address the framework for various health policy–related cases.

#### Appendix D: Evaluation Form

The pre- and postworkshop evaluation forms ask the following questions:

- To what extent do you agree with the following statement (5 = *Strongly Agree*, 4 = *Agree*, 3 = *Neither Agree nor Disagree*, 2 = *Disagree*, 1 = *Strongly Disagree*):
  - Health policy does not support a career in academic medicine.
  - A career in academic medicine would allow me to work on health policy issues.

Additionally, the postworkshop evaluation form includes the following questions:

- To what extent do you agree that the workshop learning objectives were met (5 = *Strongly Agree*, 4 = *Agree*, 3 = *Neither Agree nor Disagree*, 2 = *Disagree*, 1 = *Strongly Disagree*)?
  - Define the terms *social accountability*, *health policy*, and *academic medicine*.
  - Name health policy topics of relevance to physicians in training.
  - Describe a framework for policy development.
  - Describe opportunities that support a career in health policy and academic medicine.

The following two open-ended questions are also included on the postworkshop survey.

- What did you like about this workshop?
- What suggestions do you have to improve this workshop?

Up to two cofacilitators can lead the workshop and should review workshop content in advance, which takes approximately 2 hours. Materials required include pens, audiovisual equipment to show the PPT presentation, chairs and tables to support five to seven participants per table, flip charts and materials to note responses during the large-group case discussion, and printed copies of the handouts and evaluation forms. The suggested length of the workshop is approximately 65 minutes, with a time line suggested below:

- Preworkshop evaluation (5 minutes).
- Slides 1-9: didactic portion (15 minutes).
- Slides 10-24: short group breakout and discussion (25 minutes).
- Slides 25-31: how to become involved with health policy and examples of faculty currently involved (10 minutes).
- Slides 32-34: question-and-answer period and completion of postworkshop evaluation (10 minutes).

## Results

This workshop was implemented at three conference sites: the LMSA Policy Summit and Building the Next Generation of Academic Physicians Academic Medicine Career Development Conferences at two medical schools: Albany Medical College and George Washington School of Medicine and Health Sciences (GW). A total of 144 trainees completed the workshop evaluations, 71 from the LMSA Policy Summit and 73 from Albany and GW. The workshop was facilitated by a total of five presenters (one single and two pairs). Among the facilitators were an associate professor of emergency medicine, a dean of a school of public health, an associate dean for diversity and inclusion, and an assistant professor of medicine with a master's of science degree in health policy research.

The respondents included 116 (81%) medical students, 10 (7%) residents, four (3%) fellows, and 12 (8%) physicians. The attendees were from academic health centers in 17 different states and Washington, DC.

We were able to gather demographic data only on participants at the Albany and GW conferences. Among these 73 respondents, 14 (19%) identified as Asian, 30 (41%) as African American, nine (12%) as Hispanic/Latino, 17 (23%) as Caucasian, and six (8%) as another race. Eighteen attendees (25%) identified as male, 52 (71%) as female, and one (1%) as transgender. Sixty-nine (95%) identified as straight/heterosexual, one (1%) as gay or lesbian, and one (1%) as bisexual.

A paired-samples *t* test was used to compare pre- and postworkshop survey responses. After the workshop, participants were statistically more likely to disagree with the statement "Health policy does not support a career in academic medicine" and more likely to agree with the statement "A career in academic medicine would allow me to work on health policy issues" (see [Table](#)).

**Table.** Average Responses to Pre-/Postworkshop Questions<sup>a</sup>

Question/Conference Site	Pre	Post
To what extent do you agree with the following statement: Health policy does not support a career in academic medicine. <sup>b</sup>		
Albany + GW	2.3	1.7
LMSA Policy Summit	2.1	1.6
Total	2.2	1.7
A career in academic medicine would allow me to work on health policy issues. <sup>b</sup>		
Albany + GW	3.7	4.1
LMSA Policy Summit	4.0	4.6
Total	3.9	4.4

Abbreviations: Albany, Albany Medical College; GW, George Washington School of Medicine and Health Sciences; LMSA, Latino Medical Student Association.

<sup>a</sup>Evaluated on a 5-point Likert scale (1 = *Strongly Disagree*, 5 = *Strongly Agree*).

<sup>b</sup>Sample *t* tests were significant at  $p < .001$ .

Efficacy of the workshop was determined by asking attendees, “To what extent do you agree that the workshop learning objectives were met?” For all four objectives, over 95% of attendees either agreed or strongly agreed that the objectives had been met.

Comments for the workshop were collected in an effort to identify positive aspects of the curriculum, as well as areas for improvement. The comments below are organized by learning objectives.

Responses to the question “What did you like about this workshop?” included the following:

- Objective 1: Define the terms *social accountability*, *health policy*, and *academic medicine*.
  - “I felt that this workshop was very engaging and taught us the value of policy within healthcare.”
  - “It helped me understand what exactly health policy entails.”
- Objective 2: Name health policy topics of relevance to physicians in training.
  - “I liked the real world examples of policy and how it has been implemented.”
  - “I liked how thorough the case studies were and how they pointed out how actionable change was measured.”
- Objective 3: Describe a framework for policy development.
  - “I liked the plan/framework of actionable ideas to enact and implement change in our communities as medical students.”
  - “I liked the framework for policy development and some of the cases were useful to implement it.”
- Objective 4: Describe opportunities that support a career in health policy and academic medicine.
  - “Provided a road map for those interested of how to get involved in academic health policy research/work.”
  - “Encouragement towards publishing and learning how to implement policy, not just create it or create awareness about it.”

Responses to the question “What suggestions do you have to improve this workshop?” included the following:

- Objective 1: Define the terms *social accountability*, *health policy*, and *academic medicine*.
  - “Please provide concrete examples when defining policy terms.”
- Objective 2: Name health policy topics of relevance to physicians in training.
  - “Provide a sample of the LMSA resolution to drive at the point they asked for.”
  - “More examples with success stories to motivate us.”

- Objective 3: Describe a framework for policy development.
  - “I wish the handout with the framework had the definitions of the framework steps.”
  - “Define each step of the framework process before we go into groups to work on the case studies.”
- Objective 4: Describe opportunities that support a career in health policy and academic medicine.
  - “More information about programs that we can be involved with now.”
  - “Missing a piece about why physician advocacy is important . . . and explaining how not having physician in support or opposition matters.”

## Discussion

We developed an interactive workshop to explore the application of health policy within an academic setting. Medical students today live in a world where the effects of politics are visible all around them, from contentious debates over policy reform in electoral politics to daily activities in the provision of care to uninsured or underserved communities. Our workshop harnesses this energy through the use of vignettes based on successful student advocacy initiatives to highlight the synergy between academia and health policy. Thanks to the workshop’s definitions of social accountability and health policy, discussion of health policy topics of relevance at academic medical centers, provision of a framework for policy development, and presentation of opportunities for professional development within the sphere of health policy, our students left with foundational knowledge and skills to further health policy work internal and external to the academic health center.

During implementation, special care was taken to solicit the participation of facilitators with significant professional experience in health policy. The use of vignettes and audience participation required facilitators who were comfortable analyzing policy initiatives that could touch on sensitive topics. Identifying facilitators with professional degrees and experience in health policy offered the additional benefit of providing tangible examples of successful careers that integrate academic medicine and health policy.

Our presentation was developed to be delivered to an audience of no more than 40 individuals to ensure active participation, especially in the small-group case discussion portion of the workshop. In addition, we believe a smaller teaching atmosphere helps create a platform for energetic discourse. Facilitators should also consider lecture hall layout, as this workshop benefits from a seating layout that encourages small-group discussions and participant interactions.

Through the postworkshop questionnaires, we were able to appreciate both the strong aspects of the presentation and areas in need of improvement. Students enjoyed the short didactic portion and small-group breakout session, as well as the overall content included. Many students appreciated the relevance of the health policy cases as examples of current issues in medical centers. Additionally, referencing physicians involved in policy change at various institutions around the country further provided examples of how students could have a successful future career in health policy and academia.

Some students felt that the small-group portion of this workshop could be improved by providing a sheet with the framework for policy development to have in front of them as they analyzed the cases. Additionally, providing examples of positions that students can get involved with as they continue their education would further encourage student participation in policy initiatives. Our cases focused on physician organization sponsorship of cigarette companies; police brutality; lesbian, gay, bisexual, transgender, and queer health; and language concordance in hospital settings. Given the ever-changing political arena and subsequent change in health policy topics of significance, facilitators are encouraged to include cases that are relevant at the time the workshop is administered. This allows students to be reminded of the importance of participating in health policy as new issues arise. It is critical to note that though the workshop was well received by students, this presentation was a onetime session with perception-oriented surveys provided immediately prior to and after the workshop. No evaluation of

knowledge or behavior change was completed. Furthermore, we did not assess knowledge acquired. A short quiz based on the content in the PPT slides is one potential approach to assess knowledge. Change in attendees' understanding of health policy in academic medicine may not be sustained and would need to be reassessed at a later date.

Workshop vignettes were chosen to show how a policy framework can cause positive change in health care systems. Facilitators can consider substituting alternative vignettes that exemplify the Centers for Disease Control and Prevention policy framework described in the workshop. This workshop largely outlines the importance of health policy to the medical industry but does not provide a template or best practices on how to develop or implement additional health policy curricula for trainees. Future educators will need to supplement trainee health professionals' understanding of basic health policy skills with experiential learning opportunities, such as interactions with local elected officials, resolution writing and debate, and collaboration with community leadership.

Health policy issues include those centered around racial prejudices, communication barriers, and access to care for underserved populations, among others, and thus require a diverse, well-informed physician workforce with the knowledge of how to proactively change health policy. As discussion of health policy is often not a traditional component of medical education for students, this workshop is an ideal way to introduce the topic and encourage students to become involved at the beginning of their careers.

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All identifiable persons in this resource have granted their permission.

#### Ethical Approval

Rutgers University Institutional Review Board approved this study.

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