

Can Training in Medical School “Grow” Physicians that Shape Health Policy?

Amogh Shukla, BA/MD Student

Definitions



- **Health Policy**

- health goals at the international, national, or local level and specification on the decisions, plans, and actions needed to achieve these goals¹

- **Health Advocacy**

- activities related to ensuring access to care, navigating the system, mobilizing resources, addressing health inequities, influencing health policy, and creating system change²

Background

1. Health policy/advocacy are the foundation for improving community health outcomes³

2. Physician participation leads to better policy proposals

- medical students often lack proper training in health policy fundamentals⁴⁻⁶



Research Question

- Does exposure to health policy training during medical school lead to policy and/or advocacy interest and practice after graduation?

Methods

- Administered online multiple- choice survey to 708 residents/fellows
- Data analysis completed by biostatistician to evaluate correlations among variables



Respondent Demographic s

- UNM SOM Graduate: 18%
- Non-UNM SOM Graduate: 82%

- Primary Care: 58%
- Non-Primary Care: 42%

- Complete responses from 50 residents
- 7% response rate

Demographic S

- 74%: received health policy training during medical school
- 78% received health advocacy training during medical school
- 18% received no training

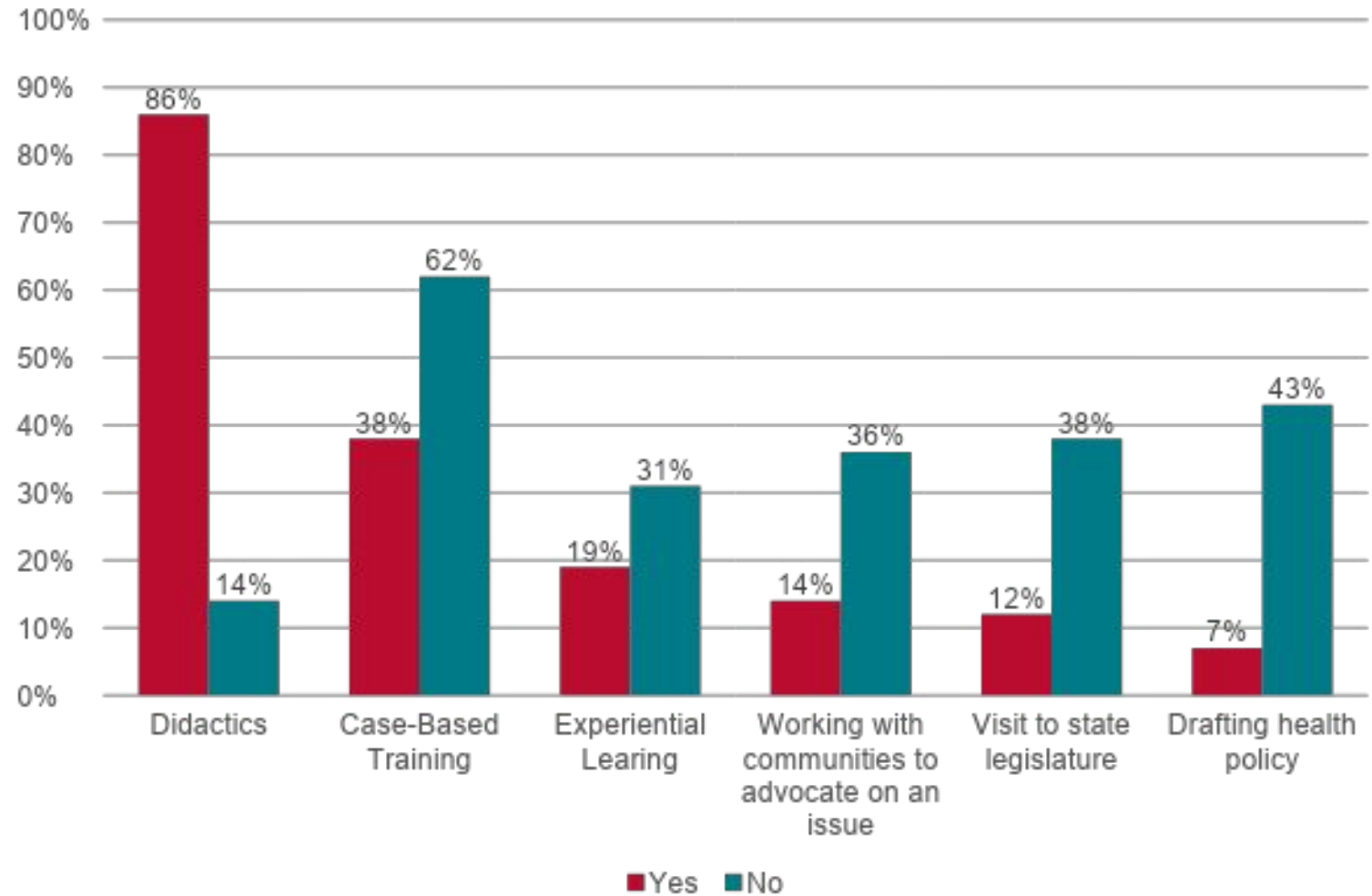
Results

Hours of Training Received

10 hours or less of training	31	62%
More than 10 hours of training	18	36%

Method of Training Received in Medical School

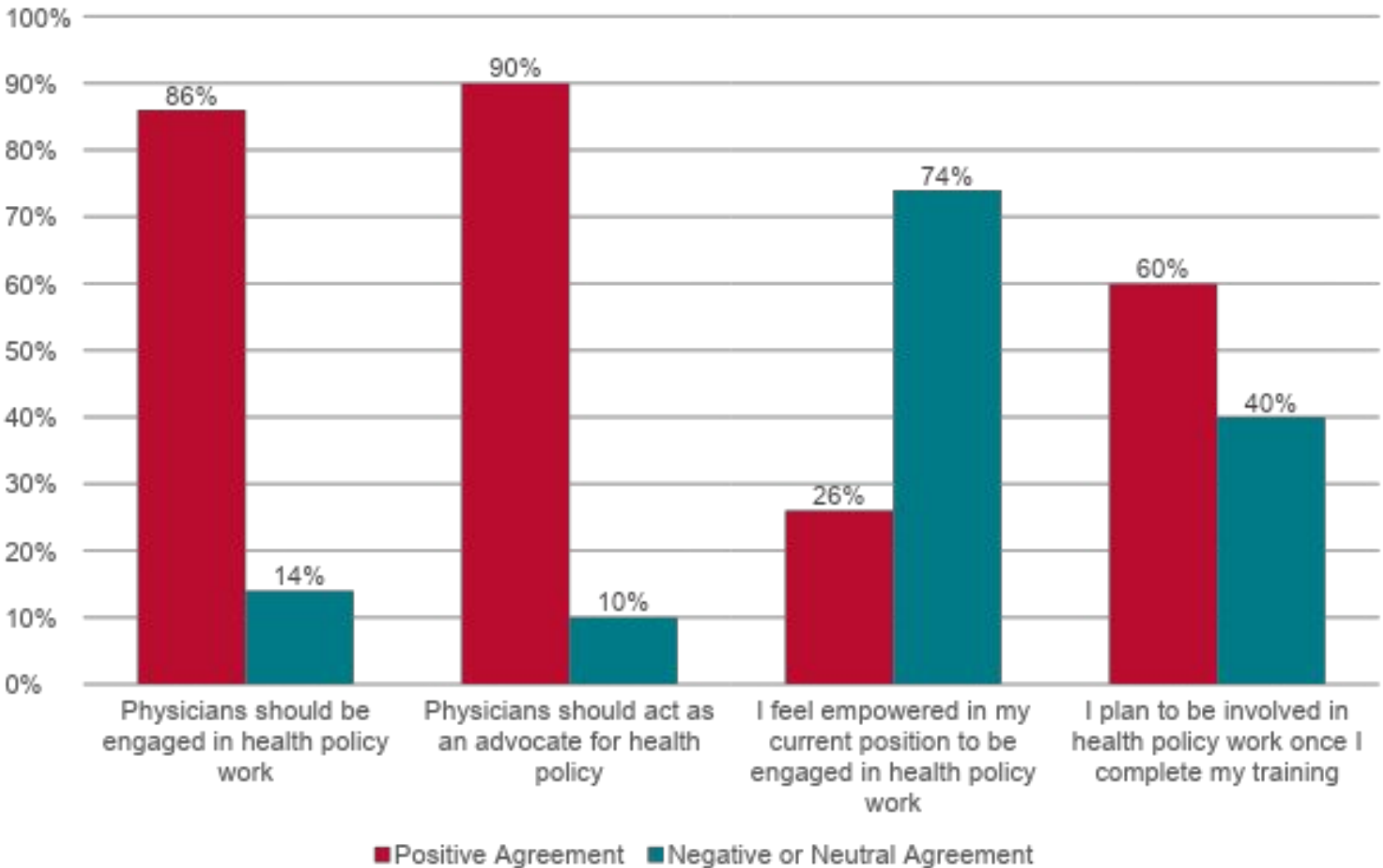
Method of Training



Respondents in a primary care specialty were less likely to vote in national elections compared to other specialties (p=0.04)

Received Policy Training				
	Yes		No	
Voting Activity	N	%	N	%
Local election	32	64%	18	36%
State election	33	66%	17	34%
National election	35	70%	15	30%

Resident Statements about Policy Engagement



Analysis



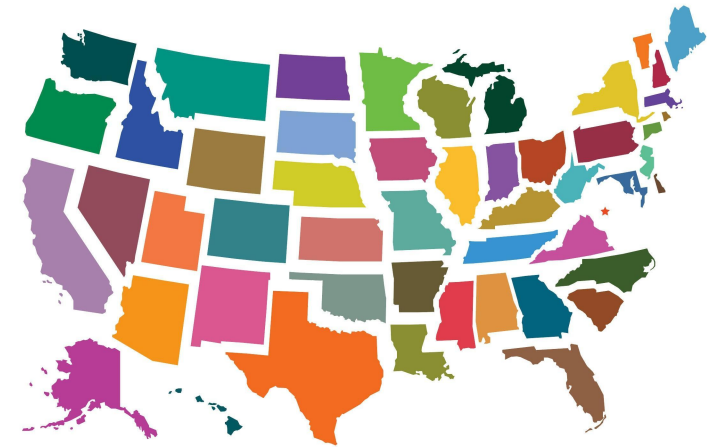
- Respondents receiving policy training ranked physician participation in health policy as more important than those who did not get such training
- Respondents receiving policy training were more likely to vote in local, regional, and national elections compared to age group national rates

Other findings that were interesting...

- Our residents do not feel empowered to engage in policy work at the organizational level which seems like an accessible avenue to further learn how to make changes at a systems level.
- We found the lack of involvement in protests such as sit-ins and marches surprising given the recent national attention to the “white coats for black lives” campaign.
 - A reason for this may be professionalism concerns. While protesting is a citizen’s right, some may see physician activism as outside their realm of responsibility and potentially unethical.

Future Directions

- National survey to explore regional differences in policy/advocacy training
- National survey for residents to see if state policies affect decisions
 - Medical students: residency ranking
 - Residents: employment
 - Practicing physicians: will they leave their state?



THANK YOU

Special Thanks to Co-Authors

Amy Clithero, PhD

Danielle Albright, PhD

Orrin Myers, PhD

Karen Armitage, MD

References

- 1. Health Systems Governance. Accessed May 30, 2021.
<https://www.who.int/westernpacific/health-topics/health-systems-governance>
- 2. Hubinette M, Dobson S, Scott I, Sherbino J. Health advocacy. *Med Teach*. 2017;39(2):128-135.
doi:10.1080/0142159X.2017.1245853
- 3. Stull MJ, Brockman JA, Wiley EA. The “I Want to Help People” Dilemma: How Advocacy Training Can Improve Health: *Acad Med*. 2011;86(11):1349. doi:10.1097/ACM.0b013e3182308e14
- 4. Patel MS, Lypson ML, Miller DD, Davis MM. A Framework for Evaluating Student Perceptions of Health Policy Training in Medical School: *Acad Med*. 2014;89(10):1375-1379. doi:10.1097/ACM.0000000000000408
- 5. Emil S, Nagurney JM, Mok E, Prislin MD. Attitudes and knowledge regarding health care policy and systems: a survey of medical students in Ontario and California. *CMAJ Open*. 2014;2(4):E288-E294.
doi:10.9778/cmajo.20130094
- 6. Chuang E. Expanding Medical Student and Resident Knowledge of Health Economics, Policy, and Management: *Acad Med*. 2011;86(11):e1. doi:10.1097/ACM.0b013e318231e122