



CCPH SPECIAL SECTION

Student Leadership and Activism for Social Change in the US

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ABSTRACT *As the US health-care system continues on a path toward greater patient and provider dissatisfaction and decreasing access to primary health services, there is a growing need for leadership among tomorrow's health professionals. Students of today must acquire the skills to lead the United States toward solutions that will offer universal access and eliminate disparities. As examined in the US, there are two main modes for students to learn these meaningful skills; curriculum- and institution-based leadership development and organization-based leadership development. In this paper we review these two methods from an American perspective and discuss ways that educational institutions can support student leadership development. In addition, we address ways in which non-governmental organizations can provide opportunities to foster student leadership. Lastly, we offer recommendations for US policy change at institutional, local, state, and national levels to help achieve the goals stated above.*

KEYWORDS *Leadership, students, service-learning, health activism.*

Introduction and Background

The US health-care system of the 21st century is a rapidly evolving machine with new advances and breakthroughs with the potential to provide cures and extend life beyond what we currently know. However, progress in medicine has raised new questions and quandaries for society and health professionals as the US debates the allocation of health-care resources and the advancement of technology. In the face of rapid change and decreasing access to primary health services, the general public is looking to health

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professionals for guidance and leadership in order to protect their health (Kuttner, 1999; Ayanian *et al.*, 2000).

Who will be the leaders of tomorrow to answer this call? There already exists a subset of health professional students who accept their charter as socially responsible health-care providers and aspire to become leaders in our health-care system. Such students often participate in community service and hold firm a commitment to work for the collective health of society as vigorously as they do for its individual members. Among these students are those who are aware of the complexities of modern medicine and who have a desire to become community leaders and advocates for the health of the public. However, our experience with medical schools across the US reveals that education in medicine typically provides no preparation in the fundamental skills needed for translating social awareness into substantive change. The strategies and techniques employed by community organizers and public-health advocates are largely unknown to health professional students, due in part to a lack of formal education or guidance. Consequently, their advocacy and community service efforts rarely reach their full potential.

Leadership training for health professional students must emphasize the skills necessary for translating social and civic responsibility into action and reform. It is proposed that the following skills are needed for social change and should be included in the education of health professionals to groom effective advocates and leaders.

- *Strategic planning*: leaders should be able to build long-range plans and strategies around their identified cause.
- *Team building*: consensus must be built among organizers and volunteers and responsibility delegated while maintaining a team environment.
- *Developing coalitions*: initiatives are strengthened through a joining of groups. Leaders must effectively reach out to special interest organizations and gather broad-based support.
- *Media advocacy*: the media can be powerful advocates but necessary steps are learning how to create effective messages and market them to the general public.
- *Public speaking*: organizing volunteers, gaining community support, and lobbying a position to an audience requires polished speaking skills.
- *Writing and presenting*: a key element in leading an initiative is the ability to synthesize thoughts and data into coherent documents and presentations that can be used with many audiences.
- *Political strategies*: advocating for public policy requires an understanding of the basics of the political system.
- *Health services*: if students are to translate their ideas and experiences into health policy they must have a general understanding of the health-care system.

- *Project development based on public-health principles:* with the exception of public-health students, few understand the multi-step process of developing a project from the initial needs assessment to the final evaluation.
- *Fund raising:* little can be accomplished without some financial support. Basic grant writing and organized fund raising can help provide the resources necessary to support an initiative.

All of these leadership skills can be taught through formal classes, community and advocacy experiences, and mentoring relationships. All of these methods should be incorporated into the training of health professionals. Here we explore how academic institutions and non-governmental organizations can provide opportunities for leadership development.

Leadership Development: Curriculum- and Institution-Based

Educational institutions are in a unique position to integrate leadership and social responsibility directly into the education of health professionals. However, only a minority of medical schools have independently undertaken curriculum reform efforts to formally integrate such experiences and principles (Wick *et al.*, 1999). Several models of educational reform exist that provide various levels of institutional structure and support. These examples range from formal didactics and required experiential learning to administrative and financial support of student-administered and student-driven activities.

Structured Courses—Some Examples

Case Western Reserve University School of Medicine offers an elective for first-year medical students, “Activism and Medicine.” This predominantly didactic course is offered over the course of 6 weeks, meeting once per week. Various physician activists are invited as guest speakers to discuss their own advocacy experiences and to present a public-health issue of interest. The final component of the class is that each student must design an activism project, after which the faculty instructor provides individual feedback.

Peter Lurie, MD, an activist researcher for US-based Public Citizen,¹ has recently developed a semester-long medical school course that offers a strong emphasis on the design and implementation of an activist project, with just one quarter of the course done as didactic teaching (Public Citizen). A faculty mentor provides ongoing feedback and support as students develop their projects. This course is specifically designed to educate students on patient advocacy and community leadership through the completion of a real-life activist project.

There are many other examples of structured leadership courses. However, most examples described in the literature attempt to provide a very broad overview of public health, cultural, ethical, and health delivery issues without

an explicit focus on the leadership tools and skills that are essential to be an agent of social change.

The “Patient, Physician, and Society” course at Northwestern University Medical School is a required course during years one and two and meets two afternoons per week. The course is designed to address personal and professional ethics, medical humanities, behavioral sciences, physician-patient communication, physical diagnosis and clinical reasoning, health services organization and financing, preventive medicine, and the health of vulnerable groups. The course is relatively new but the preliminary outcomes indicate favorable responses from the students (Makoul & Curry, 1998).

The University of California, Los Angeles School of Medicine introduced a course, “Doctoring,” in 1992, spanning all 4 years of medical school. The first 2 years include problem-based learning sessions, covering many typically underrepresented topics (ethics, nutrition, public health, etc.). In addition, students spend a half-day per week with a community preceptor in a clinical setting. As third-year students, the course shifts to an emphasis on clinical decision-making, health-care economics, and “the socialization process of becoming a doctor through reflection rather than indoctrination.” Finally, in the fourth and volunteer year, the course focuses solely on medical education and academic leadership to prepare students to be future educators (Wilkes *et al.*, 1998).

Faculty-Organized Experiential Learning—Some Examples

Certain schools have put forth significant effort to develop interdisciplinary experiential opportunities for students. These are grounded in the principles of service learning with the hope that these student experiences will be translated into social activism and advocacy for the under-served in their careers. There are many examples of faculty-organized experiences but few bring together the health professions in the same way as these two programs.

ISCOPES (Interdisciplinary Student Community Patient Education Service) is a project developed in collaboration between the George Washington University and the George Mason University. It places interdisciplinary teams at community-based organizations to identify health needs and design health education and health promotion activities. The community experience is supplemented with curriculum modules on community-oriented primary care, teamwork, continuous quality improvement, and cultural competency (Executive summary, ISCOPEs, 1998).²

Eastern Tennessee State University launched an interdisciplinary project in 1991 to move health professions education out of the hospital and into the community. This project is based on a full partnership among communities, the academic institution, and the disciplines involved (medical, nursing, public and allied health education). Interdisciplinary faculty teach the core content critical to health professionals in an experiential format while community board members exert considerable influence over the student experiences to assure

that they are appropriate to the setting and meet the real community needs (Edwards and Smith, 1998).

Student-Organized Initiatives and Projects—Some Examples

Students themselves are responsible for planning a majority of community outreach and leadership efforts in health professional educational institutions. While student-driven projects are widespread at schools across the US, there are some unique examples that demonstrate strong student leadership, support from the faculty and administration, and innovation.

The UMDNJ-New Jersey Medical School has a community-focused initiative, the Students Health Advocates for Resources and Education (SHARE) Center. It is an umbrella organization that assumes responsibility for coordinating community-oriented student projects and centralizes operations of existing service programs. The center is the backbone supporting all service initiatives by fostering a direct link between students and the communities they serve. By ensuring the sustainability of student outreach programs and by encouraging the development of stronger community partnerships, the center has strengthened the opportunity to work with the community to improve the quality of and access to health care and education.

Rush Medical College has adopted a model of synergy between the administration and students. Through the Rush Community Service Initiatives Program (RCSIP), students receive administrative support for their projects while maintaining the spirit of “student-generated and totally volunteer” service learning. In maintaining the altruistic motives of community outreach without requiring it as an element of the curriculum, 75% of students willingly participate in more than a dozen projects. This program grew out of the initiative of students and resulted in the creation of a structured course, “The Health of the Public.” The course is intended to address the principles and methods of social medicine without sacrificing the autonomy and volunteerism inherent in the RCSIP projects (Eckenfels, 1997).

Students have developed thousands of projects in communities spanning the US. It would be nearly impossible to profile even a small fraction of the existing programs. Students have successfully planned projects with the scarcest of resources and near absence of institutional support. Educational institutions should be developing ways to support student’s ideals and innovation to help create the health-care leaders of tomorrow.

Leadership Development: Organization-Based

Professional societies and organizations are in an ideal position to provide leadership development opportunities to health professional students. There are many ways to facilitate this through structure and programs. The American Medical Student Association (AMSA)³ has a 50-year history of successful and

active student leadership that is attributable to a wide variety of factors and will be profiled in this section (American Medical Student Association).

Formal Leadership Training Experiences

While many organizations offer leadership opportunities to students, few actually provide formal training. AMSA has had great success training leaders by hosting an annual leadership conference for newly elected chapter presidents. The 3-day conference addresses management, project development, public speaking, fund raising and a wide variety of topics about AMSA ranging from the mission and strategic plan to the many resources available within the organization. Not only does this conference provide an excellent forum to develop leadership skills, it is a great opportunity for chapter leaders to come together and share their passion, motivation, and ideas.

One of the deficiencies in our educational institutions is teaching the role that health professionals can and should play in public policy. AMSA strives to fill this niche by engaging students in health policy through a training workshop, the Political Leadership Institute (PLI), several times per year. The PLI is a 3-day conference that assigns students to working groups on a given health policy topic. Each group is charged with the task of developing a campaign strategy to effectively advocate their position. They do so through mock lobbying, media advocacy, and speech writing and delivery.

The “Mass” Effect

Student leadership can be built most effectively through group efforts. While some students are self-starters and thrive on the challenge to begin with nothing, most potential leaders will be best uncovered by organizing larger efforts around issues. Organizations should have methods to identify strategic priorities and develop action plans that open opportunities to rising leaders. The “mass” effect is really the team approach that makes leaders and volunteers at all levels feel part of a larger goal.

There are a variety of other organizational policies and structures that can facilitate leadership development:

- *Diverse Opportunities*: student interests, talents, and desires lie in many different areas. An organization that wishes to take advantage of this diversity must offer opportunities that reach all types of people within their constituency. Opportunities should range from issue-driven leadership (e.g., organizing a substance abuse prevention campaign) to national administrative positions that include management and broad leadership responsibilities.
- *Trust and Responsibility*: a large component of health professional education is experiential. While this is clearly one of the most effective ways to learn and to develop as a leader, few organizations entrust students with positions of significant responsibility. Policies and structures that prevent students from serving in authentic roles greatly inhibit innovation, motivation, and progress.

- *Intensive Experiential Opportunities*: if organizations successfully engage members in their social mission, a subset will naturally emerge who seek out opportunities that are more time and energy intensive. Internships and electives are an excellent forum for students to pursue leadership and civic responsibility as an educational endeavor.
- *Supporting Local Efforts*: organizations must learn to capitalize on their strengths on both the local and national levels. Allocating support for local efforts greatly enhances the productivity and value of an organization for its members.

Summary Policy Recommendations

The US health-care system of today is wrought with new and worsening problems. The number of uninsured Americans continues to rise in the face of a robust economy, health care is shifting to a for-profit system, and the nation is undergoing a technology boom with rapidly escalating costs (Kuttner, 1999; Heffler *et al.*, 2001). Now more than ever, there is a need for the health professions to emerge as advocates for their communities and for providers to fulfill their social contract with the nation. National and state governments, educational institutions, and non-governmental organizations all must adopt policies to help train the health-care leaders of tomorrow.

Health professional institutions should provide formal leadership development courses coupled with experiential learning. It is not enough to offer classroom-based “activism” classes or to immerse students in 4-week community projects. These two models must be integrated as sustainable educational components that persist throughout the curriculum. This goal could be reached through the adoption of a national accreditation standard. Not only would this lead to universal adoption at schools across the country, it would increase the “perceived value” of these programs.

Furthermore, health professional institutions should support student-driven projects in a way that fosters leadership. When students are given the opportunity and support to lead and organize their own initiatives, the experience provides much greater prospect for growth. Support at institutions could include things such as:

1. Funding a service learning coordinator.
2. Utilizing senior level students as mentors and teachers.
3. Coordinating faculty development programs.
4. Providing leadership development for students through formal programs.
5. Ensuring the appropriateness of student projects within the community.

This model of “institutionally-supported, student-led projects” would help establish mutually rewarding and long-term community partnerships while also

fostering student leadership and social responsibility. If the models previously described at UMDNJ-New Jersey Medical School (SHARE Center) and Rush Medical College (RCSIP) were integrated, it would present an ideal scenario for leadership development. The SHARE Center has taken a critical step in formalizing a relationship between the community and the student service projects while RCSIP shows strength in the degree of administrative support and mentoring for student-initiated projects.

The states should also be supporting educational initiatives in the health professions. Through public-health funds and support from local health departments, collaborative relationships should be formalized with health professional schools. Community outreach and education programs are a natural fit for students and would provide valuable experience in civic leadership.

The Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services has focused their mission on moving toward the goal of universal access with zero disparities (Fox, 2000). Such a bold initiative requires a commitment to train health professionals to lead and reform the nation's health-care delivery system. The national government should fund development programs based in educational institutions and non-governmental organizations that address basic leadership skills. A demonstration project in a subset of schools would offer an opportunity to evaluate specific curricula developed in diverse settings.

Regardless of the methods used to develop leadership skills, student involvement is the critical element. To be effective change agents as practicing professionals, leadership development is pivotal during one's education. There are a wide variety of opportunities that exist to gain these skills. Not only is it the responsibility of the individual to capitalize on these opportunities, but it is also the role of health professional schools to create and support opportunities. Student leadership and activism developed today will lead to better health care tomorrow. If we aspire to have a health-care system for the people, the call for health professional leadership must be answered.

Notes

1. Public Citizen: 1600 20th Street, NW, Washington, DC 20009, USA. Website: <http://www.publiccitizen.org>.
2. Executive summary: interdisciplinary student community patient education service (1998). Washington, DC: The George Washington University and George Mason University.
3. American Medical Student Association (AMSA): 1902 Association Drive, Reston, VA 20191, USA. Website: <http://www.amsa.org>.

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