

Leadership, Advocacy & Health Policy

An Honors Elective for Second-year Medical Students

Broad consensus exists across specialty organizations, state and national medical organizations, other organized medicine groups and others that the professional responsibilities of physicians include the ability to provide leadership in many aspects of their professional sphere, as well as advocate for the welfare of their patients and social justice.

GOAL This course provides a structured format for medical students to gain attitudes, knowledge and skills for the development of professional competency in the areas of leadership, advocacy and health policy.

SAMPLE OBJECTIVES (Note: specific objectives for each semester/course are determined during class session 1, based on participants' self-identified motivation and goals.)

Leadership Objective:

In a small group setting, given results of the Myers-Briggs Type Inventory, the student will identify and classify preferred behaviors (their own and others') related to leadership skills through description and group discussion, correctly applying the information/concepts to sample scenarios.

Advocacy Objective:

In a small group setting, given the opportunity to identify a personal area of interest, the student will generate a plan (in writing) for participation in an area of advocacy, selecting appropriate contacts and potential roles.

Health Policy Objective:

In a small group setting, given the opportunity to identify a personal area of interest, the student will identify at least three possible scenarios for their own involvement by describing in small group discussion, selecting appropriate venues and potential roles.

Pre-class questions posted to a Facebook closed group established for this course (1):

Numbers in parentheses (1-4) refer to Kolb Learning Cycle Quadrants. See Instructor Notes, last page.

Students, next week in class we will explore the questions posted below. Please post a brief response to one or more of the questions, and we will discuss in more detail during class.

Class Session 1 – small group discussion – 50 minutes

- 1. What were your reasons for choosing this elective? What do you hope to learn? What goals do you have that are related to these topic areas?*
- 2. What previous experiences have you had in these areas?*
- 3. What message(s) do you feel you've gotten as a student at TCOM related to these areas? (Please read in advance the article¹ that has been uploaded, so that we can discuss.)*

Class Session 1 – small group discussion – 50 minutes (1)

1. Explore motivation for choosing this elective and goals for the future.
2. Relate to prior experiences.
3. Explore “hidden curriculum” at TCOM related to the(se) topic(s).
 - Hafferty. Beyond curriculum reform: confronting medicine’s hidden curriculum. Acad Med. 1998;73:403-407.

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Independent Study – STFM Advocacy Curriculum (online) – 60 minutes (2) <http://www.stfm.org/advocacy/course.cfm>

Class Session 2 (2)

1. Small group discussion – debrief Advocacy Curriculum – 20 minutes
2. Focused research into opportunities for students – based on individual goals, facilitated by instructor. Bring own laptops to class. – 25 minutes
 - a. 5 mins – identify areas of interest
 - b. 10 mins – individual research, post links to FB group
 - c. 10 mins – sharing results (need class laptop & projector)
3. “Dot-mocracy” to select articles for next class – 5 minutes

Class Session 3 – Journal Club (2 articles) – 50 minutes (2) -- See bibliography.

Independent Study – draft (or research and select) health policy/advocacy “1 pager” for Class Session 4. (3)

Class Session 4 – Role Play visit(s) to state legislator. Debrief. – 50 minutes (3)

Independent Work – complete Myers-Briggs Type Indicator (MBTI) instrument for Class Session 5 (3)

Class Session 5 – MBTI at Work & Leadership – 90 minutes (3)

Class Session 6 – Case Discussions: Advocacy – 30 minutes (3)

– 4 Square Feedback Activity – 20 minutes (4)

4 Square Feedback – fill in answers to questions in each square of graph:

- Q1 – my feelings about what I learned are...
- Q2 – the most important information was...
- Q3 – I plan to... (use note cards to mail for f/u)
- Q4 – Another idea or suggestion I have is...

Class Session 7 (Academic Medicine) – 50 Minutes

An activity for students interested in careers in Academic Medicine.

1. “Behind the Curtain” – Learning Theory & Instructional Design of this course
2. Professional Academic Development – opportunities for additional learning and individual consultations

Learning Theory & Instructional Design – Instructor’s Notes

- *Activities in this course were selected to represent the spectrum of learning styles represented in the Kolb Learning Cycle, as described by Armstrong and Parsa-Parsi. (Armstrong, Elizabeth, and Parsa-Parsi, Ramin. "How can physicians' learning styles drive educational planning?" *Academic Medicine* 80.7 (2005): 680-684.*
- *This course includes a Facebook closed group component. A variety of follow up questions are posted by the course director for ongoing reflection and asynchronous discussion by participants. Additional resources (articles, web-links, etc.) are commonly posted as well. Alternatives to the Facebook closed group would include other course management software that allows for asynchronous communication – moodle, Canvas, wikis, blogs.*

Underlying learning theories which have informed the design of this course include connectivism, constructivism (particularly social constructivism), communities of practice (Lave & Wenger), and social development theory (Vygotsky). **“Connectivism** (a learning theory for the digital age) is the integration of principles explored by chaos, network, and complexity and self-organization theories.

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Learning is a process that occurs within environments that evolve and change. Learning (defined as actionable knowledge) can reside outside of ourselves (within an organization or a database), is focused on connecting specialized information sets, and the connections that enable us to learn more (knowing where to find knowledge) are more important than our current state of knowing.”

<http://www.elearnspace.org/Articles/connectivism.htm>. Accessed 5/15/13.

Constructivism

“Constructivism as a paradigm or worldview posits that learning is an active, constructive process. The learner is an information constructor. People actively construct or create their own subjective representations of objective reality. New information is linked to prior knowledge, thus mental representations are subjective.” <http://www.learning-theories.com/constructivism.html>. Accessed 5/15/13.

BIBLIOGRAPHY (Potential discussion questions for sample Journal Club Articles)

Hafferty, FW. Beyond Curriculum Reform: Confronting Medicine’s Hidden Curriculum. *Acad Med.* 1998;73:403-407.

Christensen, C; Bohmer, R; and Kenagy, J. Will Disruptive Innovations Cure Health Care? *Harvard Business Review.* Sept-Oct 2000. <https://wiki.umms.med.umich.edu/download/attachments/118335374/disruptive-innovations-cure-health.pdf>.

Dine, CJ; Kahn, JM; et. al. Key Elements of Clinical Physician Leadership at an Academic Medical Center. *JGME.* March 2011; 31-36.

1. This article examined leadership characteristics of physicians in clinical teams. What other leadership roles do you imagine physicians take?
2. Do you think the necessary skills are the same or different for leading clinical teams versus other kinds of leadership roles for physicians?
3. What concerns do you have about being placed in leadership roles during residency? In practice? In other times/roles in your career in the future?
4. How do you think you will learn the skills you need?
5. The article highlights that medical teams are often randomly assigned and change frequently. How do you feel about that?
6. Table – Characteristics of a High-Quality Clinical Physician Leader: which of those are areas you think you need to work on? Were any of the traits listed surprising to you?
7. What are your thoughts about the authors’ findings about attending physicians? What are the similarities and differences in leading teams without learners?
8. What are your thoughts about the balance between having credibility (through knowledge, expertise, and technical proficiency) and asking for help?

Earnest, MA; Wong, SL; and Federico, SG. Perspective: Physician Advocacy: What Is It and How Do We Do It? *Acad Med.* January 2010;85(1):63-67.

Goleman, D. What Makes a Leader. *Harvard Business Review.* January 2004;82.91.

Iglehart, JK. The uncertain future of Medicare and graduate medical education. *N Engl J Med.* Oct 6, 2011; 365(14):1340 – 1345.

1. What do you see as the central tension affecting an adequate supply of residency training positions?
2. What historical factors created the situation?
3. Name some of the factors causing concern about the adequacy of the physician workforce for the future.

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4. How do you feel about a broader spectrum of caregivers in new models of care?
5. How would you describe disruptive innovation in healthcare?
6. What do you think medical schools and residency programs should be doing to prepare you for the healthcare system of 2020?

Kotter, JP. Leading Change: Why Transformational Efforts Fail. Harvard Business Review. March/April 1995.

Kotter, JP. What Leaders Really Do. Harvard Business Review. May/June 1990:103-111.

Lingard, L; Vanstone, M; Durrant, M; et al. Conflicting Messages: Examining the Dynamics of Leadership on Interprofessional Teams. Acad Med. 2012;87(12):1762-1767.

Loeser, H; O'Sullivan, P; and Irby, DM. Leadership Lessons from Curricular Change at the University of California, San Francisco, School of Medicine. Acad Med. April 2007;82(4):324-330.

Oandasan, IF. Health Advocacy: Bringing Clarity to Educators through the Voices of Physician Health Advocates. Acad Med. Oct 2005 Suppl;80(10):S38-S41.

Oandasan, IF; Barker, KK. Educating for Advocacy: Exploring the Source and Substance of Community-Responsive Physicians. Acad Med. 2003;78(10):S16-S19.

Wikipedia contributors. Experiential learning. Wikipedia, The Free Encyclopedia. March 16, 2014, 20:42 UTC. Available at: http://en.wikipedia.org/w/index.php?title=Experiential_learning&oldid=599911741. Accessed March 31, 2014.

Zaleznik, A. Managers and Leaders: Are They Different? Harvard Business Review. January 2004. 75-81.