The Efficacy of Short, Skills-based Workshops in Teaching Advocacy to Medical Students: A Pilot Study

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Abstract

Background and Objectives: This study evaluated the effectiveness of a short, skills-based workshop, called a Letter-Writing Lunch (LWL), in teaching advocacy to medical students.

Methods: We assessed political activity, political efficacy, civic responsibility, and skill mastery via pre-, post-, and 6-month follow-up surveys. Via semistructured follow-up interviews, we explored how the intervention affected the participant's view of advocacy.

Results: Students mastered identifying and contacting their representatives. Participants' political activity scores demonstrated little to no political activity at baseline and were unchanged at 6 months. Political efficacy scores increased after the event ($t[53]=8.5$, $P<.001$), and they remained elevated at 6 months ($t[25]=2.1$, $P=.047$). Feelings of civic responsibility significantly increased from the pre- to postsurvey ($z=482.5$, $P<.001$), but returned to baseline by 6 months. Four themes emerged from the follow-up interviews: (a) A disconnect exists between what medical students believe their responsibilities are and what they are doing; (b) medical students believe their current advocacy curriculum lacks depth and applicability; (c) students want programming that is realistic in the context of their limited time, varying passions, and current skill level; and (d) the LWL changed students' views on advocacy.

Conclusions: Current skills-based education is time-intensive and fails to engage students who are not already committed to developing advocacy skills. Keeping the LWL short in length successfully targeted students with little previous advocacy experience. The event increased political efficacy and civic responsibility while making advocacy appear more accessible. The LWL is an effective and efficient way to teach advocacy to medical students.

Background

A lack of applicable skills has been identified as a key barrier to engaging in advocacy work, but no documentation in the medical education literature concerns skills-based advocacy education that reaches all students.[1] Current skills-based education generally is elective and ranges from a 3-hour to 4-year commitment; therefore, participants typically are self-selected from students already interested in advocacy.[1-7] Required courses reach all students but are unlikely to include skill-building education (5.3% of required vs 43.3% of

elective).[8-12]

In response, we piloted a short educational workshop, called a Letter-Writing Lunch (LWL), designed to teach an advocacy microskill to students with little advocacy experience. During the virtual event, students practiced identifying and calling their congressional representative and senators with prewritten templates. We hypothesized that the intervention would increase political efficacy, civic responsibility, and skill mastery among participants. Political efficacy is the belief that one can influence the government and that the government is responsive to one's concerns. Civic responsibility is the duty of each citizen to act for the betterment of society.

Methods

Study Design

Our study was a mixed-methods investigation, including three cross-sectional surveys via Qualtrics (Qualtrics, LLC; before, immediately after, and 6 months after the intervention) and qualitative interviews. Medical students connected to a national advocacy organization used emails and social media to recruit participants from 12 US MD- and DO-granting medical schools.[13] Survey participants were entered into $25 raffles.

In the absence of established methods to evaluate competency in health advocacy,[14] we combined validated survey instruments from the social sciences. We assessed political efficacy, civic responsibility, and current political involvement via the Political Efficacy Short Scale, Faith and Civic Engagement scale, and Social Issues Advocacy Scale, respectively.[15-17] We assessed skill mastery by a participant's ability to name their federal representatives.

To target students who were unfamiliar with advocacy, we contacted the survey respondents with the lowest 20% of combined initial political efficacy and civic responsibility scores for a 30-minute semistructured follow-up interview. To interview those most affected by the event, we also contacted the five participants with the largest absolute change in political efficacy and civic responsibility scores. We solicited interviews until the data reached saturation. Interviews explored how the intervention affected the participant's view of advocacy and how the LWL could be incorporated into medical school curricula. All interviews were recorded and transcribed. Interviewees were compensated $15.

We compiled data from two iterations of the LWL (May and October 2021). Our study was exempted from review by the Georgetown University Institutional Review Board. Informed consent was obtained from all participants.

The inclusion criteria were being over the age of 18, English speaking, and a current medical student in the United States. Incomplete survey responses were excluded. In the case of duplicate responses, only the first was included.

Data Analysis

All statistical tests were performed using JMP Pro version 16.0.0 for Mac (SAS Institute) and were two-tailed.

Likert scale responses were summed to create a total score for political activity and political efficacy at each time point, which were then compared by paired *t* tests. The total score for civic responsibility and perceived skill difficulty were compared with a Wilcoxon signed rank test.

To evaluate skill mastery, we asked students to report the zip code in which they were eligible to vote and their congressional representatives and senators. Responses were graded for correctness. A McNemar test was used to compare the pre- and postsurvey responses. Data from participants who were not eligible or registered to vote were excluded. Participants also self-reported whether they knew how to contact their representatives,

and responses were evaluated with a McNemar test.

Interview analysis was conducted by one reviewer trained in the principles of grounded theory.[18] The first few interview transcripts were manually coded via line-by-line coding. Initial codes either were in the participant's own words (in vivo codes) or a gerund. After prevalent themes emerged from the data, focused coding of common or salient ideas was completed for the remaining transcripts. To explore the connections between themes, memos were compiled as data were analyzed.

Results

Survey Results

Of 167 students registered to attend the event, 80 (47.9%) completed the presurvey, 59 (35.3%) completed the postsurvey, and 27 (16.2%) completed the 6-month follow-up. The participants were from 14 different schools, mostly in the South, and were largely first- or second-year students (Table 1).

The average pre-event summed political activity score was 11.4 (SD 3.5; Table 2). This is equivalent to being "rarely" or "occasionally" involved in political activity. No statistical difference in political activity scores existed at 6 months (P=.94).

Before the LWL, 36.7% of participants correctly identified their representative, and 49.0% of participants correctly identified both of their senators (Table 3). Afterward, 81.6% were correct (P<.001) for both questions. After the event, participants also showed a statistically significant decrease in perceived difficulty of the skill (z=−759, P<.001).

A statistically significant increase in political efficacy was evident after the event (t[53]=8.5, P<.001; Table 4). Political efficacy was lower at 6 months compared to immediately postevent, but the increase from baseline was sustained (t[25]=2.1, P=.047). Civic responsibility significantly increased from pre- to postsurvey (z=482.5, P<.001), but returned to baseline by 6 months (Table 4).

Interview Results

We interviewed nine students (Table 1), resulting in the following four themes. Representative quotes can be found in Table 5.

Theme 1: A disconnect exists between what medical students believe their responsibilities are and what they are doing.

Despite most students believing that advocacy is a responsibility of physicians, only 2/9 (22.2%) reported previous experience with advocacy. Students primarily attributed their inaction to a lack of confidence and knowledge of practical skills.

Theme 2: Medical students believe their current advocacy curriculum lacks depth and applicability.

All students reported learning about health disparities within the medical school curriculum; however, they felt it was superficial. When schools did address the power structures that perpetuate disparities, all students reported that only didactic methods were used. Students shared that when these didactic sessions are not followed by action items or skills training, they are left feeling frustrated or hopeless. Participants repeatedly emphasized that they wanted actionable steps incorporated into social justice lectures.

Theme 3: Students want programming that is realistic in the context of their limited time, varying passions, and current skill level.

Students identified being accessible and practical as the most attractive elements of the LWL. They advised

that all workshops be kept very short, especially if trying to appeal to students who are ambivalent toward advocacy. Furthermore, students appreciated the variety of advocacy templates offered and being able to easily find an issue that aligned with their values. Finally, interviewees reported being inspired by other students. They said that watching other students engage in advocacy empowered them to believe that their current skills and abilities were enough to become involved themselves.

Theme 4: The LWL changed students' views on advocacy.

Most participants reported that before the LWL, they believed that one individual does not have any power to make change in society. They felt as if they did not have the time nor the skills to engage in meaningful advocacy. After the event, participants had a more positive and nuanced view of their political efficacy. They agreed that one phone call was not very powerful, but when combined with the collective actions of hundreds of people, they can generate real change. Additionally, students reported wanting to get more involved and being more likely to use their current and future positions to make change. Finally, students reported that the LWL provided accountability and a call to action.

Conclusions

The LWL facilitators successfully taught an advocacy microskill to medical students while increasing feelings of civic responsibility and political efficacy. This result indicates that not only did students feel an increased responsibility to address the needs of their community, but they also felt more capable of doing so. Notably, the increase in political efficacy was sustained, albeit smaller, at 6 months, demonstrating that the LWL may have long-lasting effects on students' beliefs about advocacy.

Our qualitative study found that a brief educational intervention made advocacy feel accessible and that students believed skills-based training is a necessary component of advocacy curricula. Before the LWL, our participants were involved in little, if any, advocacy, despite agreeing that it is an obligation of individual physicians. The LWL broke down perceived barriers, such as time and skill, and students began to believe that they themselves could initiate societal change. Additionally, our respondents aligned with previous literature stating that when students are taught about health disparities but are not given actionable responses, the students are left frustrated.[4,5,19] Echoing other studies,[20-23] our respondents emphasized that they wanted to learn actionable skills to complement didactic education.

This is the first study to involve students from multiple medical schools (14), including each geographic region of the United States, and thus may be more generalizable than previous studies at individual institutions.[1-4,6,9-11] This study also successfully targeted medical students with limited advocacy experience (Table 2), and the LWL met the need for meaningful skills education among these students.

This study was limited by the small sample size, particularly at the 6-month follow-up, and a reliance on self-assessment. However, the self-reported findings were strengthened by supporting qualitative data in our mixed-methods approach. Finally, the event was promoted by an advocacy organization; therefore, these self-selected participants are not likely a true representation of the ambivalent or opposed student population. Regardless, this pilot study suggested that the LWL may be able to bridge beliefs about the importance of advocacy with tangible action. We hope to use this pilot toward the creation of an advocacy toolkit, a collection of skills empowering students to advocate on behalf of their patients.

Tables and Figures

Table 1. Demographics of Survey and Interview Participants in the Evaluation of a Skills-Based Advocacy Workshop Hosted Virtually for Medical Students in the United States, 2021

Characteristic		Survey (N=59) n (%)	Interview (N=9) n (%)
Year in medical school	M1	32 (54.2)	6 (66.7)
	M2	20 (33.9)	3 (33.3)
	M3	5 (8.5)	0
	M4	1 (1.7)	0
	MD/MPH	1 (1.7)	0
Type of program	MD	58 (98.3)	9 (100)
	DO	1 (1.7)	0
Gender	Female	49 (83.1)	7 (77.8)
	Male	10 (17.0)	2 (22.2)
	Nonbinary	0	0
Region	West	6 (10.2)	1 (11.1)
	South	37 (62.7)	7 (77.8)
	Northeast	12 (20.3)	1 (11.1)
	Midwest	4 (6.8)	0
State	CA	6 (10.2)	1 (11.1)
	DC	20 (33.9)	3 (33.3)
	GA	10 (17.0)	3 (33.3)
	MO	4 (6.8)	0
	NY	11 (18.6)	1 (11.1)
	PA	1 (1.7)	0
	SC	5 (8.5)	1 (11.1)
	TX	1 (1.7)	0
	WV	1 (1.7)	0
		Mean (SD)	**Mean (SD)**
Age (in years)		25.2 (3.4)	25.4 (3.2)

Table 2. Preevent and 6-Month Follow-Up Political Activity Scores for Participants in a Skills-Based Advocacy Workshop (N=26) Hosted Virtually for Medical Students in the United States, 2021

Survey item[a]	Preevent score[b]	6-month score[b]	P value[c]
I make telephone calls to policy makers to voice my opinion on issues that affect my profession.	1.5	1.7	.28
I volunteer for political causes and candidates I believe in.	2.1	2.1	>.99
I participate in demonstrations or rallies about social issues that are important to me.	2.4	2.4	.71
I meet with policy makers (eg, city council members, state and federal legislators, local elected officials) to advocate for social issues that I personally believe in.	1.4	1.3	.97
I make financial contributions to political causes or candidates who support the values of my profession.	1.8	1.8	.99
I use letters or email to influence others through the media regarding issues that affect my profession.	2.2	2.1	.99
Total score	**11.4**	**11.4**	**.94[d]**

[a]From Nilsson et al, 2011
[b]Items rated on a Likert scale from 1 (never) to 5 (very frequently)
[c]Wilcoxon signed rank test
[d]Paired t test

Table 3. Ability to Name and Contact Congressional Representatives Before and After a Skills-Based Advocacy Workshop Hosted Virtually for Medical Students in the United States, 2021

Item	Pre-event % correct	Postevent % correct	P value[a]
Who is your current representative in the US House of Representatives?	36.7	81.6	<.001
Who are your current senators in the US Senate?	49.0	81.6	<.001
	Pre-event % Yes	Postevent % Yes	P value[b]
Do you know how to contact your Congressional representatives?	53.6	100%	<.001
	Pre-event score[c]	Postevent score	P value[d]
How difficult do you imagine it is to contact your representative?	3.0	1.7	<.001

[a]McNemar test, N=49
[b]McNemar test, N=56
[c]Item rated on a Likert scale from 1 (very easy) to 5 (very difficult)
[d]Wilcoxon signed rank test, N=56

Table 4. Measures of Political Efficacy and Civic Responsibility Before, After, and at 6-Month Follow-Up of a Skills-Based Advocacy Workshop Hosted Virtually for Medical Students in the United States, 2021

Survey item	Mean difference: pre- and postevent score	P value	Mean difference: pre-event and 6-month score	P value
I am good at understanding and assessing important political issues.[a]	0.1	.24[b]	0.2	.11[c]
Politicians strive to keep in close touch with the people.[a]	0.6	<.001[b]	-0.1	.57[c]
I have the confidence to take active part in a discussion about political issues.[a]	0.7	<.001[b]	0.4	.03[c]
Politicians care about what ordinary people think.[a]	0.7	<.001[b]	0.2	.23[c]
Total score measuring political efficacy	**2.1**	**<.001[d]**	**0.7**	**.05[e]**
It is important to me personally to influence the political structure.[f]	0.5	<.001[g]	0	>.99[h]
It is important to me personally to keep up-to-date with political affairs.[f]	0.3	<.001[g]	0.2	.2[h]
Total score measuring civic responsibility	**0.8**	**<.001[d]**	**0.2**	**.3872[e]**

[a]From Groskurth et al, 2021. Items rated on a Likert scale from 1 (disagree completely) to 5 (agree completely).
[b]Wilcoxon signed rank test, N=54
[c]Wilcoxon signed rank test, N=26
[d]Paired t test, N=54
[e]Paired t test, N=26
[f]From Droege, Ferrari, 2012. Items rated on a Likert scale from 1 (disagree completely) to 5 (agree completely).
[g]Wilcoxon signed rank test, N=54
[h]Wilcoxon signed rank test, N=26

Table 5. Thematic Analysis and Representative Quotes From Interviews Regarding a Skills-Based Advocacy Workshop Hosted Virtually for Medical Students in the United States, 2021

Theme 1: A disconnect exists between what medical students believe their responsibilities are and what they are doing.	
Subtheme	**Representative quotes**
Most medical students believe doctors should be involved in both agency and activism.	I think anyone who's an expert in their field has a responsibility to address social issues. (S2) I think it's really important since physicians are in a position of power in society to use our voices and use our positions to improve things. (S1) I think if people are forced to do it, then it may backfire, so I feel like it should be an obligation, but I think it needs to come from within. (S1)
Some students expressed concerns that personal activism could negatively impact the doctor-patient relationship.	It's hard for me because I try to think of physicians as kind of unbiased and kind of apolitical in some ways, and I've always felt that that's kind of a stance that you will take, most of the time, because you don't necessarily know how your patients feel, and you don't want to push your views on your patients. But as physicians we have so much knowledge, and we usually have a lot of resources that people who aren't physicians don't, so we can really empower a lot of different communities through those things [resources]. It's hard for me when I think about politics in that mix, and then that's when I kind of have trouble with the idea of advocacy. (S7)
Most students reported no previous experience with activism.	I didn't even realize I can reach out to someone [my representative]. (S2) [What previous experience have you had with advocacy?] I hate to say nothing. (S9)
Theme 2: Medical students believe their current advocacy curriculum lacks depth and applicability.	
Students believe that social justice courses are superficial and only address the symptoms, not the problem.	[The curriculum] just felt really safe. . . . I feel like when certain social issues aren't talked about, then it kind of just makes everyone feel like they're in this safe bubble, that their emotions aren't being piqued, and they're not being challenged to think. . . . We tend to let politics and our business and economic beliefs . . . get in the way. . . . People don't like to be uncomfortable. We need to be uncomfortable. (S5)
Students are frustrated when didactic sessions are not followed by action items or workshops.	The curriculum is more focused on educating about the social issues and particularly social determinants of health, and less about what we can do about it, and I think it would be helpful if we had more of the actionable steps. (S1) We're presented with the data about this percentage of the population doesn't have access to health care and this percentage of the population doesn't have insurance, this percentage of the population doesn't have a provider within their area, but we're never given the opportunity to further expand upon that, in the sense of what can be done to change that and why? How does our role as medical students and physicians fit into changing that? And I believe it's within our realm of responsibility to change that. (S4)
Theme 3: Students want programming that is realistic in the context of their limited time, varying passions, and current skill level.	
The most attractive element of the LWL was its short length.	I think medical students are swamped. . . . I don't think it's reasonable to require students to do anything crazy labor intensive. (S2) It doesn't necessarily take you to dedicate 24/7 to being an activist. I think, for us as medical students, time is definitely a scarce resource at times, and so the fact that we can take, like you said, 5 to 10 minutes to call up our senator, to call up our Congress people to voice our opinion is definitely needed. (S4)
Students appreciated the wide variety of phone transcripts offered.	It was cool to have that wide of range of topics to look into. (S7)
Almost all participants reported being more inspired by other students than faculty.	For me it's been really inspiring seeing certain classmates speak out about issues that they feel very strongly about, and so hearing the passion come from one individual sort of makes me feel like wow this person's really passionate about this topic, let me do my research, let me reach out to them. (S5)

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Theme 4: The LWL changed students' views on advocacy.	
Students reported a more nuanced view of how they can use their own voice to make change.	Before last week [the LWL], I just almost feel like [contacting my representatives is] not worth my time because I just don't know if they're going to listen to what I have to say. (S2) I used to think [the power of my voice] wasn't very much, but it actually can be a lot, especially if you're the person putting together the email template, and maybe one email or one phone call won't really change things, but if you can put together that campaign and get a lot of people involved, then one person can make a difference. (S1) It works. It matters, so I should do it. (S8) [The LWL] was really empowering. (S5)
After the event, students reported that activism felt more accessible than before.	Because I didn't know very much about [activism], it was a scary thing, like a big unknown, so I think going to this session helped [me] understand how accessible it is. (S1) I was surprised [by] how easy it was to talk to representative and to find out who my representative is. (S2) It doesn't take us to do [activism] all the time, it just takes a lot of us to do it. (S4) I thought of [activism] as more of an all or nothing thing, that it would have to take a substantial amount of my time. Whereas [now] I don't think it really has to. I think that you can be an advocate— not that you shouldn't invest some time in it, but it doesn't necessarily have to be your entire life. (S7)
After the event, students reported being more likely to use their current and future positions to make change.	After the PHR talk [LWL] the other day, I'm looking more into different issues that are going on, and sending letters that say I'm a medical student carries a lot of weight, so that's something I can do now. (S1) Oh, this [activism] is very easy to do, I think I could do this again in the future. (S2) If there's something that I'm really passionate about changing, why not . . . just get that process started by reaching out to someone [a representative]. (S2)

Note: Verbal stutters were removed from quotes for clarity.
Abbreviations: LWL, Letter-Writing Lunch; PHR, Physicians for Human Rights

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Ethical Approval

This study was exempted from review by the Institutional Review Board of Georgetown University School of Medicine on May 17, 2021. Reference #00003862.

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