

USC's Keck School of Medicine health justice advocacy curriculum

Each month, the AMA highlights institutions that are part of the AMA Accelerating Change in Medical Education Consortium to showcase their work with the consortium and innovations in medical education.

Featured institution and leadership



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Number of years in the consortium: 2 years

What are your Accelerating Change in Medical Education

project and goals?

Our Advocacy for Health Justice curriculum development project is intended to equip medical students with skills of health advocacy as a means to empower them to identify and address health inequities throughout their careers. The project supports and informs the implementation this year of a renewed curriculum at the Keck School of Medicine which includes a new health justice and systems of care course which is core content for all students and integrated throughout the curriculum.

We developed and piloted an eight-session health advocacy course with faculty from the medical school and school of public policy in which topics such as health disparities, health equity, cultural humility, community assets and collaborative skills were explored through asynchronous and live sessions. Medical students were partnered with Masters of Public Policy students to work in small groups with established and experienced leaders of community organizations to help them expedite or enhance an existing health initiative.

Final student projects in the pilot course included:

1. Material for distribution on Black maternal mortality disparities and cultural humility.
2. Preparation of a policy summary on repealing a soda tax prohibition to be presented to the state assembly tax committee.
3. Development of a survey and cost-effectiveness analysis with regard to alternatives to having law enforcement in Los Angeles County clinical settings.

Our goals are to develop, implement and disseminate an enduring and scalable model of interdisciplinary and community collaboration to train medical students in the skills needed to effectively advocate to help improve health in their practices, communities and the public at large.

What are some recent accomplishments that would be of interest to others in the medical community?

The pilot course content and collaborative methodology were valued by the MD and Masters of Public Policy students as well as by the community advocates. The analysis of focus group data is still in progress but the tools and methods provided for facilitating student engagement with and understanding of community organizations appear to have been efficient and successful.

How has your work prepared you to respond to disruptions related to COVID-19?

We were already poised to develop and implement a health justice and systems of care curriculum prior to the pandemic but support from the AMA and membership in the Accelerating Change in Medical Education Consortium was extremely helpful in realizing the vision of our project, to develop and deliver a substantial amount of content online and to incorporate community leaders and other guests remotely.

In addition, the Consortium provided a ready community of medical educators and remarkable leadership to convene that group multiple times during this difficult period. Knowing that the challenges were similar across institutions was in itself helpful and we particularly valued the structural racism series, meetings and listening sessions in identifying other schools with experience and interventions that can inform our efforts. Recent conversations alone provided interesting strategies on how best to manage hybrid meetings.

What do you think will change about medical education in the next five years?

I am hopeful that the degree of attention now being paid to DEI and health disparities will be sustained and that there will be more awareness and strategies to contend with structural racism within our curricula, the roles of medical schools and health professionals in addressing these issues, and further mitigation of the low percentages of UIM (especially Black males) in medicine.

I think that we will continue to focus on the transitions from UME to GME to CPD and will need to prevent USMLE Step 2 from supplanting the stressor that was Step 1. I think that we will focus on designing achievable, meaningful and unbiased competency-based assessments of clerkship performance. I also think that there needs to be greater attention and support for faculty development and enhancements to CPD more broadly to achieve our goals.

Can you share some strategies to maintain team engagement and well-being in this challenging time?

Fortunately, the spread of the Delta variant appears to be stabilizing in our region and the ~90% vaccination rates in our faculty, staff and students has enabled us to bring all personnel back to

campus and to resume in-person classes for our first- and second-year students. While the physical proximity and relative normalization of work-life and learning activities has itself made a significant impact on team engagement, there are still frequent concerns raised from all camps about risks and contingency plans.

Our principal strategy has been regular and frequent communications with ad hoc communications as appropriate. We have been particularly attentive in that way with our medical students, even if only to indicate, “no changes to report.” The most regular communications have been through weekly emails but we have had many town halls and regular team and departmental meetings. We have also recently moved to hybrid attendance models for all Department of Medical Education meetings.