Medical student policy, advocacy and leadership: The next generation of medicine with Reilly Bealer

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Featured topic and speakers

In today’s AMA Update, AMA Chief Experience Officer Todd Unger chats about how medical students can influence policy with Reilly Bealer—a medical student at the Elson S. Floyd College of Medicine at Washington State University. Reilly previously served as the AMA’s Government Relations and Advocacy Fellow and is now chair of the AMA Medical Student Section (MSS).

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Speaker

- Reilly Bealer, medical student, Elson S. Floyd College of Medicine at Washington State University


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Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today we're talking about how medical students can influence health policy. I'm joined by Reilly Bealer, a medical student at the Elson S. Floyd College of Medicine at Washington State University in Spokane, Washington. Riley also serves as the chair of the AMA Medical Student Section Governing Council. I'm Todd Unger, AMA's chief experience officer in Chicago. Riley, it's great to have you back.

Bealer: Hey, Todd. It's great to be back.

Unger: You have been involved in advocacy from the time you entered medical school. It's been fantastic to actually get to work with you for the past couple of years. You've had a number of different leadership positions, including serving as the Government Relations and Advocacy Fellow, or GRAF. And now you're the chair of the AMA Medical Student Section. So that's a big deal.

For those in the audience that really aren't familiar with sections or what the Medical Student Section does, can you give us a little primer on that?

Bealer: Absolutely. It is a bit of a complex structure, so I hope everyone can bear with me. And I'll try to explain it in a way that's a little bit more tangible. So our Medical Student Section represents the unified voice of our country's medical students within the AMA. At our Annual Meeting and at our Interim Meeting, we all meet together as a section to review resolutions by which any student from across the country can submit and go through our rigorous policy cycle and feedback process set by our section leadership.

These resolutions serve as the way that we shape policy by providing education on an issue which asks the organization to either take a specific position or perform a specific action. And then at our section-wide meeting, called our assembly meeting, it's where students from across the United States, representing their medical schools, can come, review this policy and vote on what we want to send to a larger AMA.

Then an elected group of medical students from various geographic regions of our country come and represent these policies on the floor of the AMA House of Delegates and that is our caucus. And our caucus are some of the most brightest, most passionate individuals that I have ever had the pleasure of working with and they strive to make our field better.

Unger: And for those of you who haven't been to a house meeting, it really is something to see folks on the floor representing resolutions like this. Reilly, why is it so important for medical students to get involved in this kind of policy work? And what kind of stands in the way of more people getting involved?
involved with it?

Bealer: I can't reiterate how impactful the students' involvement in organized medicine can be. For me, it's changed my life completely. I have built connections with physician leaders from my state, and I've had experiences and leadership positions that have shaped my life for the better. I mean, I have utilized these experiences in participating at these meetings to help me navigate the complexities of the health care system for when I enter residency and practice as a physician.

I think one of the biggest challenges right now is the ability for our students to really physically attend and come to our meetings due to issues surrounding either ability to take time off or difficulties finding funding to attend. And with the COVID-19 pandemic, we saw that everything was accessible from a virtual setting. However, so many things were lost such as the networking between students across the country, meeting physician mentors either from their state or specialty of interest and the in-person collaboration on addressing issues that which our members are so passionate about.

And we encourage schools to support their students' involvement in the AMA and look forward to collaborating any way we can to support our medical student attendance at our national meetings.

Unger: Reilly, some of our research that we see suggest that maybe students aren't even familiar, necessarily, in the early years, perhaps, with the concept of organized medicine. We even heard from our former board chair Dr. Bobby Mukkamala in his address about what he wished he knew in medical school that we didn't really know how powerful you could be, through policy, to make a change like this. How do you explain that to your fellow students about why it's so important to get into this?

Bealer: Yeah, think when we're first entering medical school, we're just surviving. And we're trying to learn even where the bathrooms are, what we're trying to know in terms of the medical education. But this is another aspect of what makes a physician a well-rounded physician. Not only are we working in the clinic or learning different research or doing different actions to try to understand the human body and the deep dirty down science of it but there is an aspect of advocacy. There's an aspect of working together with your fellow colleagues to really show others what this field should and can be.

And I think that having mentors from the physician level, from the senior medical student level, to be able to bring in new members and educate and mentor is really critical to continue to support our field. So it sounds like there's huge impact that you can have on medicine itself. There's also a big personal aspect. And as a person who has held a number of different kinds of really terrific leadership roles, has it helped you personally? I know right now, for instance, you're taking a quick break from residency interviews. What do you learn from all these experiences and how does that affect what you are telling as part of your personal narrative?

Bealer: There's so many things and ways that the AMA has supported me and really prepared me for residency in the next step of my career. For example, a lot of the physicians that I've been able to
meet through AMA have really helped mentor me and guide me through this really complex residency application process.

I've also been able to work with medical students from across the country who are also applying into the same field. And even when we are struggling and trying to figure this out, we're a support system together. And that's something that I could never have imagined having.

In terms of the leadership positions, a lot of the questions that they ask you in these interviews of times that you've struggled, of examples of leadership, I utilize what I have done in the AMA and what I've learned from the different either roadblocks or successes that I've had through these positions. And it's been really well-received. And I truly believe that everything that I've learned, and how I've grown as both a professional and a person from these experiences, will make me a better physician.

**Unger:** When we talk to medical students out there that are kind of in similar position as you are, preparing for that ever important Match process, this idea around distinguishing yourself has really grown in importance. Are you feeling like the leadership, the experience you have kind of makes you stand out as a candidate now?

**Bealer:** I truly believe it does. I mean, we're going into a world where we are shifting toward the pass/fail USMLE Step scores. So we're focusing less on these specific metrics in terms of test scores because we know all of these medical students are excellent and they're able to meet the academic rigor to pass medical school.

But they want to see what medical students have to offer their communities in these programs. And part of this includes leadership capabilities. It includes your ability to perform advocacy, to do research, to critically think, to navigate different components of a team. And I think that I really understood this once I got into these leadership positions and were able to navigate some of these complex situations, and being able to talk about that, and talk about what I can bring to a team, as well as what I hope that a team in these programs could bring to me.

**Unger:** Well kind of as a testament to your leadership and that of your fellow governing council members in the section, the House of Delegates at the recent Interim Meeting in November, and between that and AMA's Annual Meeting in June and the Interim Meeting, 23 resolutions that originated in the Medical Student Section were adopted. That's got to be huge for you.

**Bealer:** Yes. Thank you so much. Our Medical Student Section works diligently to improve the lives of our patients and our profession. And it's not just sole medical student efforts. We collaborate with physician partners, different members of our organization to try to address some of these issues from a multi-spectrum lens.
Unger: When you think about that policy and the 23, anything you’re particularly passionate about, proud of, that is now part of policy?

Bealer: It’s no secret I am applying into obstetrics and gynecology. So as a future OB-GYN, the issue of reproductive health is particularly near and dear to my heart because these are our communities, our patients that are suffering from lawmakers intervening in our exam rooms. And banning aspects of reproductive care doesn’t stop abortions but it limits access to safe reproductive care in a controlled setting. And our medical students were instrumental in passing several resolutions relating to reproductive health care access, including advocating for public health programs and private insurers to cover these services.

Additionally, our resident and fellow colleagues drafted policy to support pathways for our medical students and our other trainees to receive medication and procedural abortion training to ensure that the patients that we serve as future physicians are able to receive evidence-based and comprehensive care.

Unger: Now the MSS has also supported resolutions that impact Native Americans and Alaskan Natives, specifically one that was adopted by the HOD that asks for the removal of blood quantum from medical school enrollment questions. What is that, and why is that so important?

Bealer: I think one of the aspects that make our Medical Student Section so wonderful is we are really called the social conscience of the house. And I think that’s something that really rings true here as we approach health equity efforts. As a medical student section, we’ve been working with our external partners, including the Association for Native American Medical Students, on issues that disproportionately face these students. And an area of focus was prioritizing ways to improve how applicants are interviewed, including questions that are brought forward about identity and interest.

And we want these interviews to be an experience where our Native students can share their culture without being interrogated about their blood quantum. And our Native students, in particular from our Medical Student Section committee on American Indian Affairs, were able to share their personal experiences with this and why this issue is so important to equitable admissions.

Unger: Now Reilly, you mentioned issues around testing that have had a big impact on students right now. Another big issue is the separate exams for allopathic and osteopathic students. Why did the MSS forward a resolution to the house to further explore the idea of a single exam?

Bealer: I think our AMA has been very clear on this, and we as the Medical Student Section has as well, that MDs and DOs are equal and should be evaluated as such. In the last few years, the DO and MD residency matching systems were combined so that any student could apply to any residency program.
However, at this time, DO students are still not treated equal. Not only are these students required to take the COMLEX examination series, but often, in order to match into specific residencies, they need to take the USMLE examination series to be more competitive. This means that these students have to take more examinations, taking them out of their clinical training time and causing them to pay thousands of more in money, in dollars for examination fees compared to their MD counterparts.

And in collaboration with our DO sister organizations and our osteopathic student members of the AMA who we value so much, we’re working together to develop policy that supports equality in medical education.

Unger: Fantastic. Kind of last on the policy front, big discussions at Interim Meeting about firearm-related violence. We heard earlier from Dr. Harman, our immediate past president. We heard from Dr. Bobby Mukkamala. A lot of discussion around policy here. What next steps does the MSS support in addressing this, and in terms of policy, what we think important outcomes out of the meeting were?

Bealer: Yeah. I think gun violence is a critical public health crisis that everyone should be passionate about addressing. And at our Interim Meeting, we heard very powerful and emotional testimony from our medical students in particular about their personal experiences with the pain and loss that’s associated with gun violence. The Medical Student Section and the American Academy of Pediatrics, actually, were really instrumental in suggesting the creation of a task force to develop comprehensive and multifaceted intersectional plans for us as an organization and as a nation to address this issue.

We really look forward to seeing the next steps that will be set forward by our board of trustees, and we're really grateful that they continue to engage our medical students on this topic.

Unger: Thanks so much, Reilly. It sounds like the Medical Student Section made a lot of progress, had a lot of impact at this year's meeting. I know there's a lot of work still to be done. But for medical students out there who want to get involved or want to learn more about this, what should they do right now?

Bealer: There’s so many ways that students can get involved. And I think it can be a little overwhelming. But the first step is joining the AMA. Join our Medical Student Section. We have leadership opportunities at all levels of the organization, from helping to run the section itself but also to supporting a chapter at your local medical school. We're truly a family, and the MSS is here to help students get involved and achieve their personal and professional goals.

So if you’re a medical student watching or listening and want to get involved in the AMA, really reach out to your AMA’s local chapter or reach out to us, as your medical student governing council because we are here to support you in all of your goals as you enter organized medicine. There are so many ways that you can apply and develop your skills as a leader, get connected with your region leadership to determine how you can best advocate for yourself, your patients and your communities.
And we look forward to meeting you and supporting you in any way we can.

**Unger:** Thanks so much, Reilly. One of the great things about this year, of course, is we've been able to meet in person both at Annual Meeting and Interim Meeting, and finally get to meet medical students again at these meetings. It's just such a pleasure to see them develop into leaders for medicine, including you. You should be very proud of what you and the section have achieved. Congrats to you and the rest of the governing council for that work.

And once again, you can learn a lot more about joining the AMA Medical Student Section by visiting the AMA website, ama-assn.org, or by clicking the link that we have in the description of this episode.

We'll be back with another episode soon. And in the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks so much and take care.

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