Participants in Montefiore Medical Center/Albert Einstein College of Medicine's Research Based Health Activism course on a break during the International Urban Health Conference, which took place at the New York Academy of Medicine.

Spotlight on Social Medicine: A course in research activism aims to help create tomorrow's influential health policy leaders. See page 2

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Activism Course Helps Future Health Care Advocates Sharpen Skills

BY AMY ROTHMAN SCHONFELD

The struggle against AIDS is not only the fight against an infectious disease, but also a struggle for the rights of women, children, sex workers, and sexual minorities.

In 1889, Montefiore Hospital in the Bronx was established to care for poor Jewish immigrants, and although the population it serves may have changed, it is still devoted to improving and maintaining the health of underserved communities. It was among the first hospitals in the United States to establish programs in social services (1914), home health care (1947), and prepaid group medical practice (1947), and in 1950, it became the first to establish a department of social medicine. Its philosophy is to provide medical care based on understanding individual clinical problems in a social context, and to improve health at multiple levels through clinical care, community outreach, research and advocacy.

A key tenet of social medicine is that the physician should serve as an advocate for the poor and underserved. Recognizing that effective health advocacy requires sophisticated expertise and training but that these skills are rarely formally taught, the Department of Social Medicine at Montefiore Medical Center/Albert Einstein College of Medicine (AECOM) has developed a unique course to help medical students become more proficient activists.

The initial impetus for the program came from two residents in social medicine, Stephen S. Cha and Joseph S. Ross, explained Galit Sacajiu, MD, MPH, who is now the course director. The course is offered as an intensive, month-long, fourth-year elective for medical students in October, a time when students are making career decisions. It is not just for AECOM students—in the six years since it began in 2002, more than 70 students from around the country have enrolled.

The course aims to create professionals who can combine the classic skills of clinical research and epidemiology with grassroots advocacy, in order to become influential health policy leaders of the future. “The main goal of the program is to take people training to be clinicians and teach them to use data to create an agenda for policy change,” said Dr. Sacajiu.

Course Basics

One of the strongest features of the course is the faculty. The course organizers have called on experts within the Montefiore/AECOM...
community, and have also recruited political and community organizers both within and outside the health care arena to share their advocacy skills. These include:

- Jo Ivey Boufford, MD, president of the New York Academy of Medicine, who previously led New York City's Health and Hospitals Corporation and served as a top official in the US Department of Health and Human Services.
- Paul Lipson, Chief of Staff for Bronx Representative Jose Serrano.
- Sidney Wolfe, MD, director of Public Citizen's Health Research Group, who is among the most outspoken and vigilant critics of the FDA and the pharmaceutical industry.
- Bruce Vladeck, a nationally recognized expert on health care policy, health care financing, and long-term care, who served in the mid-1990s as the Administrator of the Health Care Financing Administration.
- Zena Nelson, founder of the South Bronx Food Cooperative.
- Janice Lieberman: health journalist for WNBC television.
- Lanny Smith MD, MPH, DTM&H, founding president of Doctors of Global Health as well as a practicing community health physician in the South Bronx and an assistant director of a Human Rights Clinic for Victims of Torture.

The health policy section is designed to provide students with a background in US health policy, and to examine the role of health professionals in creating and revising these policies. Topics include the role of the federal government in health care, the history of insurance, and the health impact of social capital, income, and race.

The aim of the research methods section is to teach students basic clinical research methods. Topics include developing research questions, data management and analysis, uses of epidemiology, databases, research ethics, and grant writing.

The objective of the advocacy section is to teach students the concepts and techniques needed to be effective activists. Physician activists and community organizers speak on issue-based campaigning, coalition building, media relations, and public speaking. During these sessions, students improve their skills by role playing and having their public speaking videotaped and critiqued.

### Table 1. Students' Project Proposals

- Bisphenol A in Baby Bottles: A Dangerous Chemical that Must Be Removed
- Barriers to Contraception Education in Detroit Middle Schools
- Crossing the Air-Bridge for Primary Health Care: The Case of Dominican Immigrants in New York City
- A Case-Control Study of Bacterial and Protozoal Sexually Transmitted Infections and their Associated Risk Factors in Women in a Rural Salvadoran Village
- Assessing Exposure to Political Violence in Foreign-Born Populations and Physician Awareness in a Primary Care Setting
- What is the Relationship between Border-Crossing Deaths across the US-Mexico Border and the Economy in Mexico?
- A Prospective Cohort Study of Child Malnutrition Rates in Families Involved with Chicken Cooperatives in Rural Nicaragua
- A Study of the Health Care of Parolees in Monroe County, New York
- Homeless Adults Talk About Their Views and Plans for Serious Illness, Death and Dying: A Descriptive Study At An Urban Drop-In Center

**Rights Clinic for Victims of Torture.**

The course is divided into sections on health policy, research methodology, and advocacy skills. Some sessions are more knowledge based, and utilize teaching methods such as interactive lectures, small group discussions, background readings, and homework. Other sessions focus on developing skills, and rely on role playing, workshops, and videotape review.

The research proposals and advocacy plans are revised with feedback from faculty members from the course and from fellow classmates. Table 1 lists some of the students' research proposals.

Students are encouraged to pursue their projects even after the course is complete. Even if they do not complete their projects, that does not negate the projects' teaching value.

For example, Nicole Redmond, MD, was a student in the Medical Scientist Training Program at the Medical University of South Carolina, planning on a research career in molecular biology, when she took the elective in research activism. "I thought [taking the course] would be a way to help me shift into a different career tract and apply what I learned as a researcher to an application that was more satisfying to me. I think [the faculty] were thoughtful about wanting us to develop a research agenda that really fed into an activist agenda."

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Dr. Redmond's proposed project was "Mobilizing African-American Women to Improve Their Health: Understanding the Potential of African-American Cosmetologists as Agents for Health Education and Promotion." Through both personal experience and reading about the research of the North Carolina BEAUTY and Health Pilot Study, Dr. Redmond began to reconsider the role of beauty salons as sources of health information. She envisioned expanding the role of cosmetologists as health educators, who could be trained to provide health screening and encourage treatment compliance, especially for chronic diseases like hypertension and diabetes. "The course changed the way I looked at the role of "research" for medicine/health care delivery and exposed me to areas of research that I would have considered before," said Dr. Redmond. "It was a nice opportunity for me to explore that possibility, and realize it was feasible to make into a career. That was the biggest benefit."

Career Impact
"This course was absolutely incredible," said Sara L. Doorley, MD, who took the course in 2004. Although Dr. Doorley had activism experience working for a year for Doctors for Global Health, she believes the course helped her to clarify her role as a physician and her professional goals. "This course gave me the teaching tools to help work with people and communities. I learned through the course that being a physician is not just going into a community and providing health care. It is working with communities and accompanying them in their empowerment to obtain health care and health care access."

Liberation medicine (defined as the conscious and conscientious use of health to promote social justice and human dignity) was one of the highlights of the course for Dr. Doorley. "I began to see that helping people and communities achieve access to care is a liberating process, for both the providers and patients. It reinforced that health is a human right. Through the achievement of health one is promoting a more dignified existence that allows individuals to live healthier, be more productive, and contribute more to their communities."

Dr. Doorley has come to recognize that it is crucial for physicians to partner with community leaders and organizations. As a resident in the Department of Social Medicine at Montefiore, she is working with a group of community health promoters to provide access to health care for immigrant populations in the South Bronx. In the future, she plans to continue to advocate for marginalized urban populations.

Dr. Redmond's career path has also changed as a result of her involvement with the health activism course. Abandoning the goal of working as a bench scientist, Dr. Redmond decided to pursue a primary care residency; next year, she will become a general medicine fellow at Harvard/Brigham and Women's Hospital, where she will also earn a master's degree in public health. "I want to improve the research skills I need to study health disparities and do community-based research," said Dr. Redmond.

Dr. Sacajiu says that she has obtained a personal view. Social Med 2006;1:99–103.

References