Social Justice in Medical Education: Strengths and Challenges of a Student-Driven Social Justice Curriculum

Adrian Jacques H. Ambrose MD; January M. Andaya MS; Seiji Yamada MD, MPH; and Gregory G. Maskarinec PhD

Abstract

In the current rapidly evolving healthcare environment of the United States, social justice programs in pre-medical and medical education are needed to cultivate socially conscious and health professionals inclined to interdisciplinary collaborations. To address ongoing healthcare inequalities, medical education must help medical students to become physicians skilled not only in the biomedical management of diseases, but also in identifying and addressing social and structural determinants of the patients' daily lives. Using a longitudinal Problem-Based Learning (PBL) methodology, the medical students and faculty advisers at the University of Hawai'i John A. Burns School of Medicine (JABSOM) developed the Social Justice Curriculum Program (SJCP) to supplement the biomedical curriculum. The SJCP consists of three components: (1) active self-directed learning and didactics, (2) implementation and action, and (3) self-reflection and personal growth. The purpose of introducing a student-driven SJ curriculum is to expose the students to various components of SJ in health and medicine, and maximize engagement by using their own inputs for content and design. It is our hope that the SJCP will serve as a logistic and research-oriented model for future student-driven SJ programs that respond to global health inequalities by cultivating skills and interest in leadership and community service.

Introduction

Importance of Social Justice Education in Medicine

According to the World Health Organization (WHO), social justice (SJ) begins by recognizing that (1) health is a fundamental human right, and (2) gross inequalities in health care are politically, socially, and economically unacceptable.[1] SJ education, incorporating interdisciplinary knowledge and encouraging social, political, and biomedical collaboration, helps medical students become socially conscious and acquire the skills to deliver competent health care to all individuals within a community.[2] As one of the core principles in the American Board of Internal Medicine's Charter on Medical Professionalism, the Principle of Social Justice delineates an intrinsic responsibility for medical professionals to "promote justice in the health care system, including the fair distribution of health care resources."[3] Similarly, the Carnegie Foundation in 2010 recommended an integrative learning experience that combines "basic, clinical, and social sciences" while incorporating "interprofessional education and teamwork."[4] Given the persistence of health inequalities in contemporary society, educational interventions, such as those to recognize social determinants of health (SDH) in clinical practices, are needed in medical and pre-medical curricula for a socially just future in health.[5]

To address health disparities effectively, medical education must go beyond skills, knowledge, and attitudes to foster critical awareness or consciousness of oneself and others.[6] According to a report of the WHO Commission on the Social Determinants of Health, medical education must also address issues of social relevance in health care, such as the social determinants of health, not just theoretically but also in clinical context.[7] To address ongoing healthcare disparities, medical education must help medical students to become physicians who are not only skilled in diagnosis and management of diseases, but also in assessing and intervening in the social and structural determinants of the patients' daily lives. However, research on socially and culturally related training and improved patient outcomes remains scarce.[8]

Student-driven and Institution-driven SJ Programs

Moving beyond institutionally-driven programs, the student-driven development of SJ programs provide a unique learning opportunity for both instructors and participants. Drawing upon Adult Learning Theory, student-driven programs permit students to identify their own needs, define their education, and determine their respective paths of SJ.[9] A good example of student-driven social justice programs in medical education is the Mount Sinai School of Medicine's Human Rights and Social Justice Scholars Program (HRSJ Scholars Program). In 2011, six Mount Sinai medical students developed the HRSJ program, which pairs students with a faculty mentor and provides students the opportunity to create a SJ research project, such as working with a local community group.[10] The HRSJ program selects 10 to 12 students per class for a comprehensive curriculum in health equity, human rights, and SJ.

The John A. Burns School of Medicine (JABSOM) program serves as another good example. Inaugurated in 2011, the Student Justice Curriculum Program (SJCP) at JABSOM is an elective spanning all four years of the student's medical education. Consistent with the Problem-Based Learning (PBL)-focused JABSOM curriculum, the SJCP is based on the principle of self-directed learning. Taking a longitudinal approach, the SJCP, can be conceptualized as consisting of three components: (1) active self-directed learning and didactics; (2) implementation and action; and (3) self-reflection and personal growth.[2] Each phase utilizes an integrative approach of lectures, group discussions, and community-based activities to promote cultural humility, social awareness, and leadership skills. The purpose of the program was to implement a student-driven SJ curriculum to expose students to various components of SJ in health and medicine by using their own inputs for content and design. In addition, SJCP may serve as a logistic and research-oriented model to establish a thematic framework for future student-

driven SJ curricula. Participants who complete the curriculum earn the Dean's Certificate of Distinction in Social Justice upon graduation. The first certificate was awarded in May 2013.

Given the critical lack of comparative efficacy studies, it is especially important that SJ educational programs also be assessed and evaluated with the same rigor and scrutiny in examining the outcomes of their interventions. This article presents notable strengths and challenges of specific pedagogic methods and evaluation processes for a student-driven SJ program.

Methods

Data Source

Self-selected participants, first-and second-year medical students, were given a formal presentation detailing the components of the SJCP and the evaluation process (Table 1). Only students who chose to participate in the SJCP were contacted for evaluation. Informed consent to participate in the evaluation research was obtained from participants. The evaluation process included several components; however, this paper focuses on describing the results obtained from the Entry Evaluation form, which was administered to enrolled students at the beginning of the program. All medical students who agreed to participate in the evaluative process were de-identified and assigned a unique code. Human subject research exemption was obtained from the University of Hawai'i IRB (#19538).

Components of the Survey

There were twenty questions on the Entry Evaluation form. The Entry Evaluation form assessed participants' familiarity with and interest in SJ. The data were aggregated and analyzed from the Entry Evaluation online Google Docs survey form of the SJCP to identify the participants' status and opinions in four main dimensions: (1) foundations in SJ; (2) didactics in SJ; (3) implementation of SJ in health; and (4) expectations of the SJCP. These dimension groupings were created using a focus group of participants in the previous year. The Entry Evaluation survey was used to inform curriculum development for the SJCP; for example, participant responses were used to tailor the didactic and community activities portions of the curriculum to participant interests. Each dimension listed four affirmative statements, such as "I believe SJ is important in health care," to which participant indicated their level of agreement on a five-point Likert Scale ("1" to "5"). For the SJ foundation and didactics, and implementation of SJ dimensions, a score of "1" represented "Completely Disagree" and a "5" represented "Completely Agree"; for the expectation of the JASBOM SJCP dimension, a "1" represented "Not Very Important to Me," and a "5" meant "Very Important to Me." A score of "3" represented "Neither agree nor disagree," or "neither important nor unimportant," respectively.

We asked the participants to fill in two free-text questions, one which asked them to list keywords they felt were associated with SJ, and the other asking them to list three individual goals upon completion of the program (ie, their program expectations). Lastly, the participants were asked to select their preferred method(s) of learning including options such as, lectures, group discussion, independent reading, or research projects within the didactics and implementation domains; they were able to select one or multiple learning modalities. Out of forty-two students who initially decided to participate in the SJCP, there were four withdrawals, leading to thirty-eight participants who completed the Entry Evaluation form.

Analysis of the Survey

For all dimensions, each Likert questionnaire item was grouped into "Satisfactory," and "Needs Improvement." A score of "3" was considered a neutral response, and anything below a "3" was considered an area needing improvement. The two free-text questions were analyzed and grouped according to common themes and keywords. For example, the free text responses "no more health disparity," "health equity," and "equal justice for all people across race" were all grouped in the "Inequity/Equity" association. Program Expectations were similarly grouped by theme. For example, "I want to learn more about

Table 1. Core principles of the John A. Burns School of Medicine (JABSOM) Social Justice Curriculum Program (SJCP). The program utilizes the longitudinal approach of Problem-Based Learning (PBL) in establishing the core didactics, encourages immediate implementation of learned concepts through meaningful service projects, and compels regular self-evaluation of the students and the program.

Core Concepts	Objectives
Didactics	Educate medical students in the components of social determinants of health by providing appropriate resources and structure.
	Develop important professional skills for the establishment of community-based programs and academic endeavors related to promotion of health equity.
Implementation	Demonstrate commitment to SJ through active participation in Partnership for Social Justice (PSJ), JABSOM's SJ interest group
	Empower medical students to examine the concepts of social medicine to engage in meaningful discourse and collaborative problem solving, and to be able to use this knowledge to implement appropriate improvements in access to, delivery, and quality of health and health care to all members of society
Evaluation	Demonstrate a commitment to clinical application of SJ concepts
	Promote personal growth, self-reflection, and social awareness as a life-long enterprise.

social justice" was grouped in "Developing SJ Knowledge," and "I would like to serve my community" was grouped in "Community Service Involvement." The free text fields were grouped by three separate student raters. The raters were given instructions to use verbatim keywords as themes whenever possible and organize grouping based on the keywords of the free text. The thematic groupings were selected by the consensus of all raters. For the keyword groupings, the inter-rater agreement was considered satisfactory (Cohen's Kappa Weighted = 0.74, 95% CI = 0.58-0.91]). The findings of the surveys were utilized to tailor the content of curriculum for the participants. For example, if the group significantly favored "Community Service Involvement," there would be more community service activities planned for the year.

Results

Evaluation in SJ Foundations, Didactics, and Implementation

The participants identified major areas needing improvement" in three dimensions: (1) theoretical foundations in SJ (Didactics); (2) SJ research and presentation (Implementation); and (3) prior SJ experience (Foundations) (Figure 1). Approximately 58% of participants chose a neutral score of "3" for prior SJ experience. Almost 40% of participants selected a "1" in theoretical foundation in SJ, and no one selected a "5." Similarly, approximately one-third of participants selected a "1" in SJ research and presentation. The highest rated area was in importance of SJ with 84% of participants selecting a "5."

Thematic Analysis of SJ Keyword Association and Program Expectation

In SJ keyword association, over half of the participants (55%) explicitly mentioned some aspect of ensuring health "equity" or combating health "inequity." Other SJ associations were improving "healthcare access," ensuring "human rights," and serving the "underserved/underrepresented" (Figure 2). In program expectations, the majority of participants' expectations fell in "developing SJ knowledge," "community service involvement," and "integrating SJ in clinical and/or academic medicine." Approximately one-third of the students hoped to focus on "developing SJ knowledge."

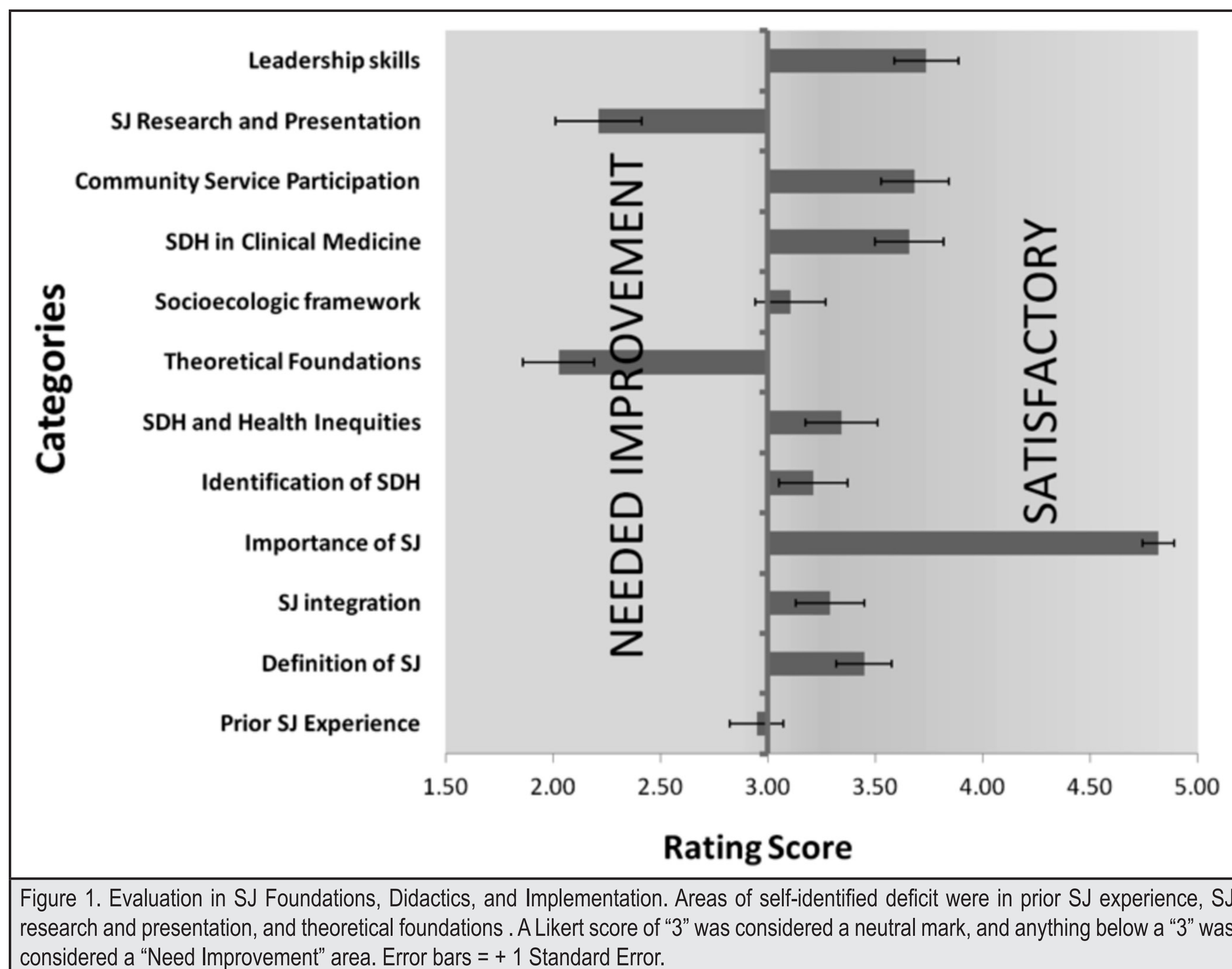
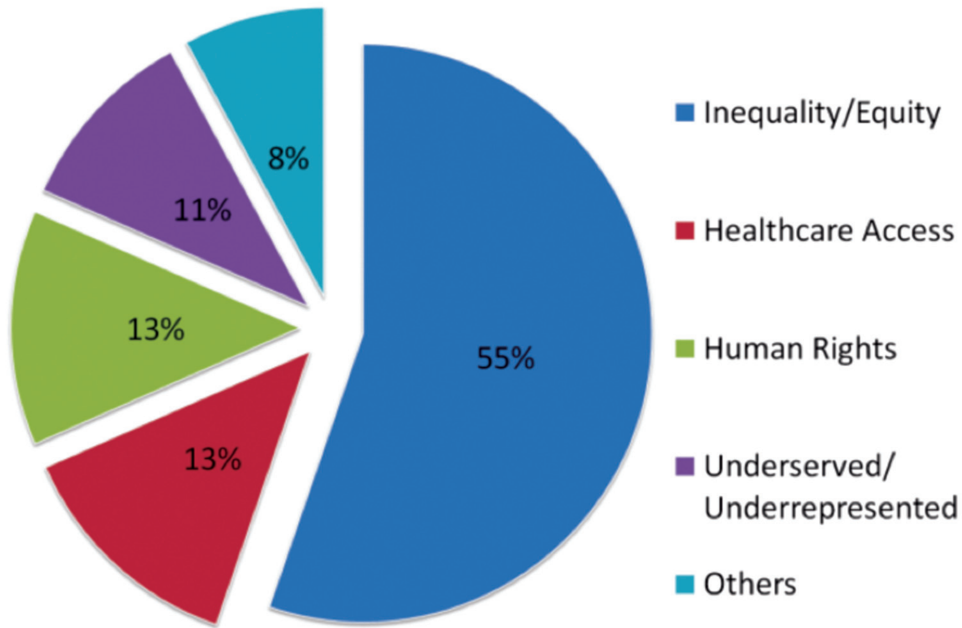


Figure 1. Evaluation in SJ Foundations, Didactics, and Implementation. Areas of self-identified deficit were in prior SJ experience, SJ research and presentation, and theoretical foundations . A Likert score of "3" was considered a neutral mark, and anything below a "3" was considered a "Need Improvement" area. Error bars = + 1 Standard Error.



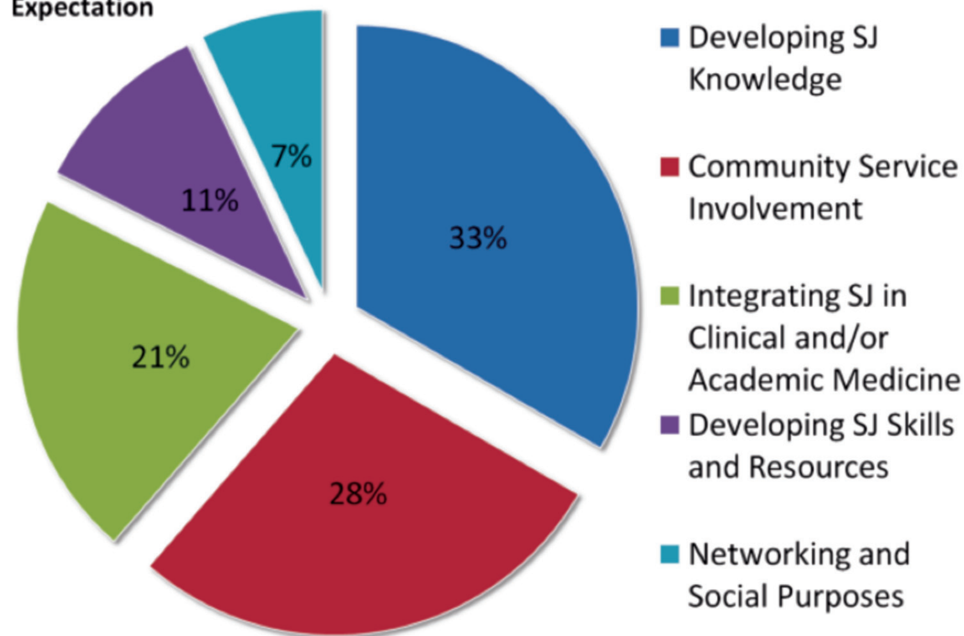


Figure 2. Thematic Groupings of SJ Associations (2A) and Program Expectation (2B). In SJ Keyword Association, over half of the participants (55%) explicitly mentioned some components of ensuring health "Equity" or combating health "Inequity."In Program Expectations, the majority (33%) of students focused on "Developing SJ Knowledge."

Preferred Pedagogic Methods of Didactics and Implementation

The majority of the participants preferred to learn via group discussions, independent reading, and lectures. Group discussion was selected by 87% of participants. In the dimension of implementation, community-based service, and clinical experience were the favored learning methods. Almost 95% of the participants preferred "community-based service" to apply their learning.

Discussion

Strengths and Challenges of the SJCP

As a general profile of the participating students, the Entry Evaluation survey provided excellent insight and feedback on how the content and structure of the SJCP curriculum could be improved to focus on student interests, expand their knowledge base, and address their self-identified areas of deficit. As SJCP is student-driven, the content of the curriculum is highly malleable, and can be amended and customized each year based on feedback from the questionnaire. As the SJCP is an elective, the high rating of the "importance of SJ" component may reflect self-selection among SJ-inclined participants. As further evidenced by the SJ association component, the majority of participants reported associating SJ with health equity. Most participants reported having limited prior SJ experience, reflecting the limited antecedent SJ exposure of the participants and potentially suggestive of the paucity of SJ opportunities in the group's undergraduate and pre-medical education. Appropriately, the group's program expectations prioritized developing SJ knowledge and becoming involved in community service. The greatest areas of deficit were in the theoretical foundations, and research/presentations related to SJ, emphasizing important rectifiable areas in the Didactics and Implementation dimensions, respectively. Using their preferred methods of learning, the SJCP can address accordingly the SJ knowledge deficit through a PBL-format, including group discussions, lectures, and independent reading. Similarly, the Implementation dimension can be best addressed actively through the clinical and community-based experiences. As a result of using the SJCP Evaluation Entry survey, the curriculum can be tailored specifically to address the group's self-identified SJ interests in developing theoretical foundations and subsequently integrating its learning with academic and clinical research, and especially, community service projects.

Framework of Student-driven SJ Curriculum (Figure 3)

The main strength of the SJCP centers on the student-driven component. With minor faculty guidance, the SJCP was largely developed by students, evaluated and refined with students, and organized for expressed needs of students. As a result, the content of the SJCP can quickly be adapted and modified to best fit with the interests and needs of the participants. In addition, the operating cost of the curriculum is extremely minimal. Within the student-driven curriculum, the SJ education is centered on the students and their needs. The Commission on the Education of Health Professionals for the 21st Century calls for health professional education that is both patient-centered and population-centered with the culminating goal of universal healthcare access.[11] In addition, one of the educational outcomes called for is transformative learning. Generally, medical educators see their roles as informative and formative: the transmission of knowledge to learners (to inform) and the placement of learners in settings to develop professional attitudes (to form), so that they become clinically and biomedically competent. However, if the next generation is to lead the reform of the health system so that it delivers health for all, then learners must become "agents of change"— that is, they must undertake transformative learning.

With the goal of introducing SJ themes in health, the student-driven curriculum is highly successful in cultivating self- and team-directed learning. The student-driven framework encourages self- assessment that can adjust the SJ curriculum to the students' educational interests. Imbued in the SJ curriculum is the notion of "co-intentionality," which originates from Freire's problem-posting educational theory, establishes a crucial infrastructure for the mutual ownership of learning between the students and the instructors, who are often more advanced learners in this student-driven curriculum.[12] In this framework, the knowledge development culminates as a collaborative partnership, absent the power differential that is more typical of instructor-learner dynamics.[13] The self-directed component, which remains an important aspect of adult learning theory, assists the students to become experiential and critical learners.[9] Being able to develop and modify the curriculum, in itself, serves as another learning opportunity, a bridge between passive and active learning—for the students. Another key component of the student-driven curriculum lies in the rooted impetus of the SJ education: the students initiate and instill their own concept of change.[14,15] The student-driven component promotes learning both new sociopolitical and humanistic ideals. Although the duration of the program may be modified, its longitudinal inclusion throughout the entire medical education ensures enough time for students to build their knowledge, carry out germane projects of interests, and reflect critically.

Recommendations and Challenges

The composition and quality of the student-driven SJ curriculum is dependent on the collective profile of its participants. In this regard, the elective aspect of the SJCP relies substantially on the inherent SJ interests and initiatives of its participants, and may therefore be difficult to translate into a general program for the entire medical student body.

Faculty collaboration and robust institutional support are necessary for the development of the curriculum, which may favor smaller medical schools and those with sufficient academic resources. Given the transiency of medical students, the development of student leadership and peer-mentoring is also imperative in the continuation of the program. In the early curriculum development, regular communications and logistic planning between the students and the institution is warranted

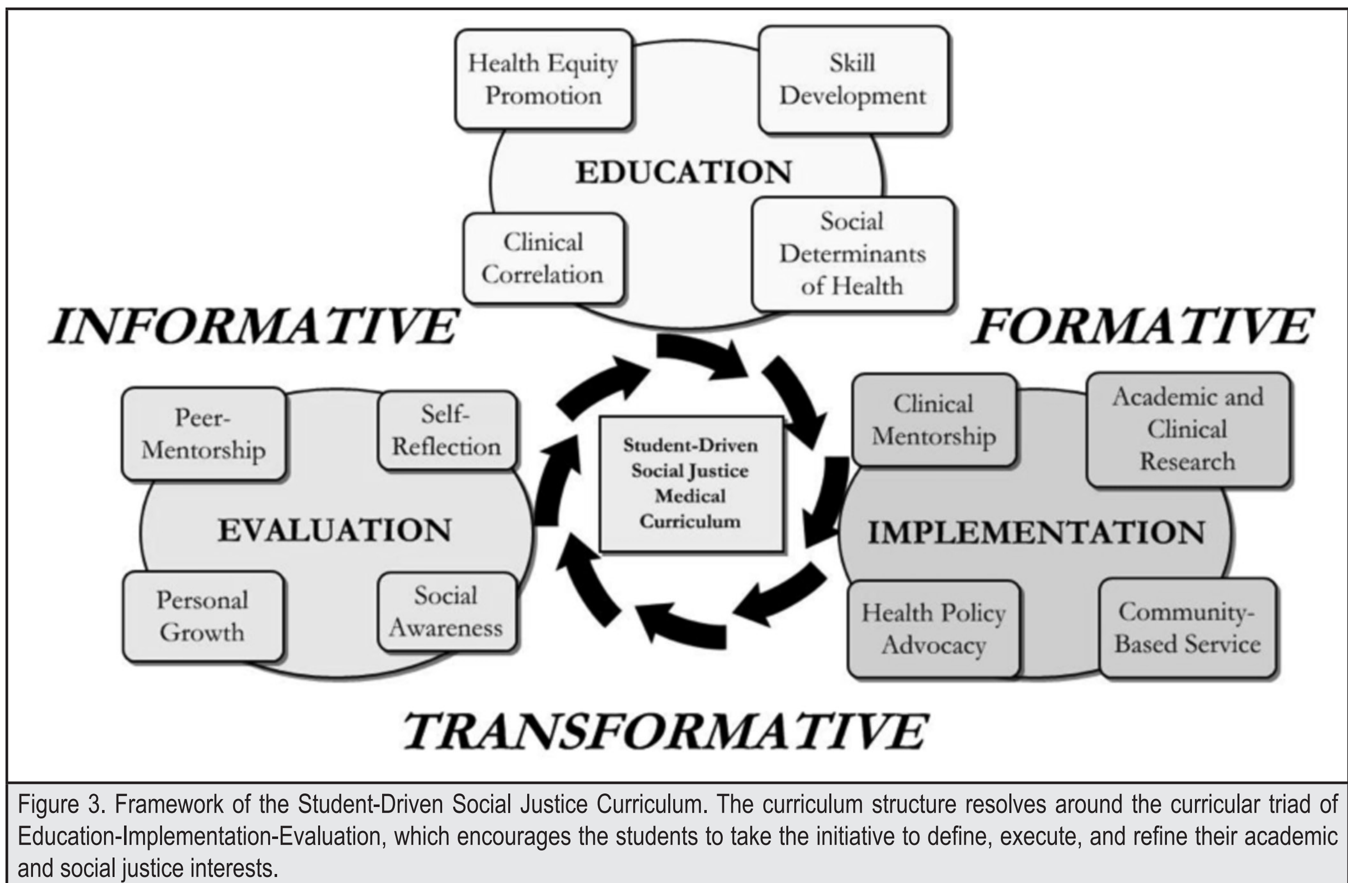


Figure 3. Framework of the Student-Driven Social Justice Curriculum. The curriculum structure resolves around the curricular triad of Education-Implementation-Evaluation, which encourages the students to take the initiative to define, execute, and refine their academic and social justice interests.

to ensure the sustainability of the program. At the extremes, student-driven development may detract inappropriately from the core medical education objectives; conversely, institution-driven development may eliminate the innovation and transformative benefits of student-driven curriculum. Moreover, community partners must be involved in the conceptualization of the active learning components; this element of community collaboration allows for mutual accountability of services and knowledge between the students and the community.

Further studies are warranted in evaluating the impact of this educational intervention on the participants' knowledge, skills, and attitudes. In addition, future studies need to correlate the student-driven SJ curriculum with student preparedness during clinical years and primary care residency selections - and, ultimately, with patient outcomes and elimination of health inequalities.

Conclusion

The task of creating and integrating a SJ program in medical education is challenging. In the current rapidly evolving healthcare environment, which requires a global and interdisciplinary awareness, SJ programs in pre-medical and medical education are needed to cultivate socially conscious and collaboration-inclined health professionals. As a novel potential educational strategy, student-driven SJ curricula instill a personal sense of responsibility and ownership in the students' critical and transformative learning. The framework of a student-driven SJ curriculum requires collaborative student initiatives with institutional sustainability to cultivate the appropriate self-directed experiential learning. This study describes a survey-based strategy for soliciting information from participants in developing student-driven SJ curricula tailored to student interests. In addition to generating useful feedback for the program, the survey provides an opportunity for students to begin examining their own individual educational needs in SJ and interest in participating in a student-driven educational opportunity.

Conflict of Interest

None of the authors identify a conflict of interest.

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Authors' Affiliation:
- John A. Burns School of Medicine, University of Hawai'i, Honolulu, HI

Correspondence to:
Adrian Jacques H. Ambrose MD; John A. Burns School of Medicine, University of Hawai'i, 651 Ilalo Street, Medical Education Building, Honolulu, HI 96813;
Ph:(808) 436-3086; Email: Ambrosea@hawaii.edu

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