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Student-Led Workshop on Disability Advocacy

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Abstract

Medical students can be powerful advocates for and in partnership with the disability community, yet opportunities for targeted advocacy training are sparse. In February 2023, a medical student-led workshop on disability advocacy for trainees took place at the Association of Academic Physiatrists' Annual Conference. The aims of this session were for trainees to (1) identify existing gaps in disability education at their institution and in policy around disability-related issues; (2) improve perceived ability to engage in disability-related education and policy-based advocacy; and (3) apply an intersectional lens to identify opportunities for intersectionality in disability advocacy. Pre- and post-session responses were anonymously submitted via Qualtrics. Of 31 pre-survey respondents, 18 responded to the post-survey, and 12 were identified as having matching unique identifiers. After the workshop, participants overall were more likely to report being very/somewhat confident about their ability to identify gaps in disability education at their institution (75.0% vs 100.0%, $p=0.011$), policy around disability-related issues (41.7% vs 100.0%, $p<0.006$), and opportunities for intersectionality in disability advocacy (33.3% vs 91.7%, $p<0.015$). Participants were more likely to report being very/somewhat confident in engaging in education-based advocacy (58.3% vs 100.0%, $p=0.006$), policy-based advocacy (16.7% vs 91.7%, $p<0.002$) and intersectional disability advocacy (41.7% vs 91.7%, $p<0.006$). All attendees strongly/somewhat agreed with the statements "I hope that this session will continue in future years" and "I think that other trainees would benefit from a similar course." This session was shown to effectively meet the intended goals of the program.

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Keywords

advocacy; disability; medical students; trainees; physiatry; rehabilitation

BACKGROUND

Health advocacy, an intentional action to address social determinants of health and health inequities through professional work, is a fundamental competency for physicians (1). Health advocacy may include activities relating to ensuring equitable access to care, mobilizing resources, or addressing health inequities at the community- or institutional-level, or influencing health policy (2,3). Trainees should begin developing advocacy skills early in their careers, so they can identify and engage in opportunities to improve health outcomes for marginalized populations (1).

Disabled persons, constituting 26% of the United States (US) adult population (4), experience significant disparities in healthcare (2,5,6,7). Medical students are in a unique position to advocate for and with the disability community. Compared to attending or resident physicians, medical students have more time to dedicate to extracurricular activities, and their interest and efforts may be a reflection of the upcoming generation of health professionals' values and goals. However, medical students may not feel they have a role as advocates for people with disabilities, understand the existing gaps in their medical education, or feel empowered to create change for this patient population (8). Dedicated workshop training on successful student-led advocacy is an untapped approach that may improve future physician knowledge and begin developing skills to improve healthcare for people with disabilities.

A 1.5 hour medical student-designed and -led workshop on disability advocacy for trainees was created by members of the Association of Academic Physiatrists (AAP) Medical Student Council (MSC) and national student-advocates. This highly interactive workshop included an introductory lecture, a student-led panel, and small group discussions between attendees and student-facilitators. To the authors' knowledge, there is no literature describing a student-led disability advocacy workshop for trainees to date.

OBJECTIVE

The aims of this session were for trainees to (1) to identify existing gaps in disability education at their institution and in policy around disability-related issues; (2) improve ability to engage in disability-related education-based advocacy and policy-based advocacy; and (3) apply an intersectional lens to identify opportunities for intersectionality in disability advocacy.

A secondary goal was to provide a platform for national student leaders to discuss strategies and available institutional and community resources for students to advocate for enhanced disability content in medical education, improved disability policy, and increased community engagement.

METHODS

As a program evaluation of the workshop, this project does not constitute human subjects research that would require approval through Institutional Review Board (IRB) approval, per University of South Florida (USF) policy. The authors verified this with the USF IRB compliance office.

The datasets generated are not publicly available, but are available on reasonable request.

Session development:

This session was created by medical student leaders across the US, including individuals who identify as both disabled and allies, with guidance from physiatry advisors. Disabled voices were actively involved from the initial session development phase to the execution of the session. Explicit steps were taken to promote accessibility for all participants and future viewers of the shared resources. For example, shared resources, including national and community advocacy organizations and discussion prompts, were crafted to ensure screen reader compatibility. All speakers and participants were equipped with a microphone and live closed-captioning was enabled to increase accessibility.

Recruitment and Promotion:

The session was presented at the AAP Annual Conference 2023. The session was advertised through official AAP and AAP MSC venues, including email and social media.

Session Logistics: The general flow of the session is depicted in Figure 1 and discussion prompts in the supplemental content.

Participants could voluntarily complete anonymous pre- and post-surveys administered via Qualtrics. The majority of survey questions utilized a 4-point scale of confidence: “very confident, somewhat confident, somewhat unconfident, and very unconfident” with the two categories dichotomized into “very/somewhat confident” and “very/somewhat unconfident” due to sample size. Data were summarized as frequencies and proportions using all available data (Table 1–3, Supplemental Table 1). Participants included medical students and attendings. The data generated from the attending physicians were utilized in descriptive statistics. Only medical student data was utilized within the paired analysis. For the complete matched pairs, Wilcoxon rank-sum test was used to compare proportions (Table 3). Bonferroni correction for the two models yielded a significance threshold of $p<0.025$. All analyses were performed using R Studio.

RESULTS

There were 31 and 18 pre- and post-survey responses respectively. Twelve responses were matched via unique ID. Of those who completed the pre-survey, 17 (54.84%) identified as not having a personal relationship with disability (Table 1). Two (6.45%) attendees identified as having a disability and 12 (38.84%) identified a loved one who has a disability/is disabled. 12 (38.71%) and 16 (51.61%) attendees were in their first two years and final two years of medical school respectively. 3 (9.68%) attending physicians filled out the pre-survey, as well.

After the workshop (Table 3), participants overall were more likely to report being very/somewhat confident about their ability to identify gaps in disability education at their institution (75.0% vs 100.0%, p=0.011), policy around disability-related issues (41.7% vs 100.0%, p<0.006), and opportunities for intersectionality in disability advocacy (33.3% vs 91.7%, p<0.015). Participants were more likely to report being very/somewhat confident in engaging in education-based advocacy (58.3% vs 100.0%, p=0.006), policy-based advocacy (16.7% vs 91.7%, p<0.002) and intersectional disability advocacy (41.7% vs 91.7%, p<0.006). There was no statistically significant difference in participants' likelihood to report being somewhat/very likely to participate in disability advocacy in the future (100% vs 100%, p=0.180).

Regarding the workshop structure (Table 2), the interactive small-group brainstorming component of the session was noted to most increase knowledge about student-led disability advocacy (n = 13, 72.2%). All attendees (n = 18, 100%) strongly/somewhat agreed that the session improved their knowledge of how to effectively engage in disability advocacy, a "hope that this session will continue in future years," and that "other trainees would benefit from a similar course."

DISCUSSION

This pilot interactive workshop was successful in increasing attendees' self-reported confidence in their abilities to identify existing gaps in disability education at their institution and in policy around disability-related issues, as well as identifying opportunities for intersectionality in disability advocacy.

The session was also successful in increasing attendees' self-reported confidence in their ability to engage in disability-related education-based advocacy, policy-based advocacy, and intersectional advocacy.

Past studies have revealed that medical students, as well as providers, report a lack of comfort and confidence working with disabled persons (9,10). This can lead to less effective, lower-quality care for disabled persons, and the health disparities seen within this population today (10). Thus, conversations surrounding health advocacy for and in partnership with the disability community are needed. It is encouraging that the educational workshop revealed increased confidence in all metrics evaluated.

Lastly, the session's emphasis on active engagement of the audience proved to be successful in correlating with increased confidence in certain metrics, namely increased knowledge of how to effectively engage in disability advocacy. For example, participants indicated that the small-group brainstorming component of the session most increased their knowledge about disability advocacy.

Future research should investigate participation in advocacy efforts post-completion via longitudinal follow-up. The goal of this would be to identify if the reported increased confidence in the ability to identify and engage in advocacy efforts correlates with actionable steps or active engagement in advocacy for or in partnership with disabled persons. This analysis may reveal the long-lasting effects of this workshop session.

When evaluating the value of this workshop, participants unanimously indicated they were in support of future sessions of this kind, supporting the efficacy of this workshop as a teaching tool.

Limitations:

One limitation of this evaluation was data was collected from one session at a single conference. Additional presentations at future conferences would increase the sample size and may further support generalizability of results. However, the generalizability of the results may be confounded by changes in curriculum, the student leaders, and the population of attendees. Steps could be taken to create a more uniform experience longitudinally, such as maintaining session learning objectives and utilizing a similar format in subsequent sessions.

The session’s pre- and post-session test utilized non-standardized evaluation items, which may also limit generalizability.

Additionally, generalizability may be limited by selection bias. Those students electing to attend the conference may have increased pre-existing interest in disability advocacy.

Lastly there is a lack of longitudinal review to assess how the workshop affected participants’ confidence and ability to engage in advocacy long-term following the session. While the participants noted immediately post-session confidence in identifying issues and implementing a plan, longitudinal results may not be sustained.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

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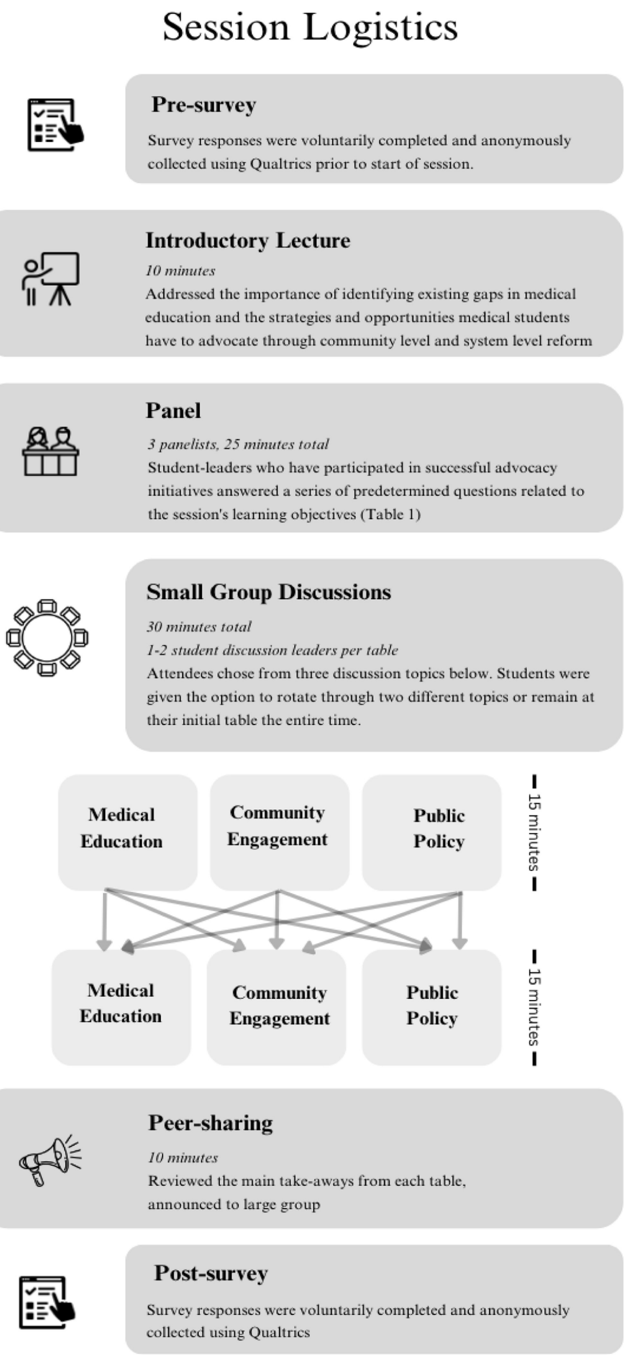

Survey responses were voluntarily completed and anonymously collected using Qualtrics prior to start of session.

Addressed the importance of identifying existing gaps in medical education and the strategies and opportunities medical students have to advocate through community level and system level reform

Student-leaders who have participated in successful advocacy initiatives answered a series of predetermined questions related to the session's learning objectives (Table 1)

Attendees chose from three discussion topics below. Students were given the option to rotate through two different topics or remain at their initial table the entire time.

Reviewed the main take-aways from each table, announced to large group

Survey responses were voluntarily completed and anonymously collected using Qualtrics

Figure 1:

Session Logistics

Table 1:

Session Demographics

Demographics	**Participants (%)**
MS1/OMS1	1 (3.23)
MS2/OMS2	11 (35.48)
MS3/OMS3	10 (32.26)
MS4/OMS4	6 (19.35)
Attending	3 (9.68)
Other	0 (0)
Total	31
Question: Do you have a personal relationship with disability?	
Yes, I identify as having a disability/being disabled	2 (6.45)
Yes, I have a loved one who has a disability/is disabled	12 (38.84)
No, I do not have a personal relationship with disability	17 (54.84)

Table 2:

Assessing Participant's Post-Session Confidence in Advocacy Initiatives for Disabled Persons

Question	Post-Survey (n = 18)
Please indicate which advocacy brainstorming session(s) you attended:	
Medical Education	8 (42.1%)
Community Engagement	13 (68.4%)
Public Policy	9 (47.4%)
Please indicate the extent to which these parts of the session increased your knowledge about student-led disability advocacy:	
Introductory Presentation	
Not at all increased	0 (0%)
Increased somewhat	9 (50%)
Strongly increased	9 (50%)
Panel discussion	
Not at all increased	0 (0%)
Increased somewhat	7 (38.9%)
Strongly increased	11 (61.1%)
Advocacy brainstorming	
Not at all increased	0 (0%)
Increased somewhat	9 (50%)
Strongly increased	9 (50%)
Please indicate which component of the session most increased your knowledge about student-led disability advocacy	
Introductory presentation	1 (5.6%)
Panel discussion	4 (22.2%)
Advocacy brainstorming	13 (72.2%)
The session improved my knowledge of how to effectively engage in disability advocacy	
Strongly/somewhat disagree	0 (0%)
Strongly/somewhat agree	18 (100%)
I hope that this session will continue in future years	
Strongly/somewhat disagree	0 (0%)
Strongly/somewhat agree	18 (100%)
I think that other trainees would benefit from a similar course	
Strongly/somewhat disagree	0 (0%)
Strongly/somewhat agree	18 (100%)

Table 3:

Paired Test: Assessing Participant's Pre- and Post-Session Confidence in Advocacy Initiatives for Disabled Persons

Question	Pre-Survey (n = 12)	Post-Survey (n = 12)	P-value
How likely are you to engage in disability advocacy? *Following this session, how likely are you to participate in disability advocacy in the future?*			
Very/somewhat unlikely	0 (0%)	0 (0%)	
Very/somewhat likely	12 (100%)	12 (100%)	0.180
Your ability to identify gaps in disability education at your institution			
Very/somewhat unconfident	3 (25%)	0 (0%)	
Very/somewhat confident	9 (75%)	12 (100%)	0.011[*]
Your ability to engage in education-based advocacy			
Very/somewhat unconfident	5 (41.7%)	0 (0%)	
Very/somewhat confident	7 (58.3%)	12 (100%)	0.008[*]
Your ability to identify gaps in policy around disability-related issues			
Very/somewhat unconfident	7 (58.3%)	0 (0%)	
Very/somewhat confident	5 (41.7%)	12 (100%)	0.006[*]
Your ability to engage in policy-based advocacy			
Very/somewhat unconfident	10 (83.3%)	1 (8.3%)	
Very/somewhat confident	2 (16.7%)	11 (91.7%)	0.002[*]
Your ability to identify opportunities for intersectionality in disability advocacy			
Very/somewhat unconfident	8 (66.7%)	1 (8.3%)	
Very/somewhat confident	4 (33.3%)	11 (91.7%)	0.015[*]
Your ability to engage in intersectional disability advocacy			
Very/somewhat unconfident	7 (58.3%)	1 (8.3%)	
Very/somewhat confident	5 (41.7%)	11 (91.7%)	0.006[*]

[*] $p < 0.025$ was defined as statistically significant