Physician Executive Leadership: Assessing a Student-Led Approach to Healthcare Leadership Education in Medical School

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Overview

The Problem: Gaps in Medical Education

Healthcare in the US continues to evolve, and topics such as healthcare economics, health finance, and patient experience are now central to the practice of medicine.

However, the sheer volume of material students are required to learn in the preclinical years makes it challenging to introduce new subjects into traditional medical school curriculum. Addressing these topics in healthcare leadership are often left out (1), and only 40-50% of medical students report appropriate training in the "practical" of medicine, including subjects such as medical economics, healthcare systems, and managed care (2).

A Proposed Solution: Physician Executive Leadership

In response to this gap in medical education, students at Sidney Kimmel Medical College (SKMC) at Thomas Jefferson University founded Physician Executive Leadership (PEL). In 2015, PEL is an entirely student-led, student-centered, extracurricular program open to all SMCC students. The mission of PEL is to enable medical students with a platform to build healthcare knowledge and cultivate leadership skills, in order to become well-informed and capable physician leaders and innovators.

By connecting students to healthcare leaders and introducing them to key topics in healthcare leadership, PEL enables students to develop both depth and breadth of knowledge in a number of subject areas underrepresented in medical education.

Research

Objective

To investigate the effectiveness of Physician Executive Leadership, an open access, student-led healthcare leadership program at Sidney Kimmel Medical College, in preparing students to face key emerging topics in medical practice: healthcare economics, health policy, care quality and safety, law and medicine, and patient experience.

Design

We assessed the impact of our program by surveying participants on their engagement and satisfaction with their participation in the PEL program, as well as their comprehension of representative content covered by PEL, at the beginning and end of the 2015-2016 academic year. Both surveys collected demographic information and featured a 20-question multiple-choice assessment intended to provide an objective measure of students' participation in PEL. The two surveys were designed to assess an enhancement of student satisfaction with PEL and their perspectives on PEL's improvement in medical education using a 5-point Likert scale.

Contents of the 2015-2016 PEL Assessment Surveys

Both Surveys:
- Medical school class year
- College graduation year
- College major
- Experiences between college and medical school
- Past participation in PEL

Second Survey Only:
- Subjective Assessment:
  - Likert scale responses (1-5) to the following statements:
    - Exposure to PEL topics will help me as a physician
    - PEL topics should be integrated into medical education
    - Overall satisfaction with PEL

Data Analysis

Text scores were analyzed using a paired t-test in SPSS Statistics Version 22 (IBM, Armonk, New York). Five questions were excluded because they were later determined to have more than one acceptable answer, were changed between the two surveys, or were answered correctly by less than 20% of participants. Subjective questions were assessed by the percent of students indicating that they were "satisfied" or "strongly satisfied" with the PEL program.

For the 2017-2018 academic year, we plan to change the program requirements. For the past three academic years, students have been able to complete the PEL program each year by earning a set number of credits. Students could earn credits by attending PEL lectures, small-group events, or contributing to our online student journal, The Diagnostic.

Next Steps

For the 2017-2018 academic year, we plan to change the program requirements. For the past three academic years, students have been able to complete the PEL program each year by earning a set number of credits. Students could earn credits by attending PEL lectures, small-group events, or contributing to our online student journal, The Diagnostic.

Participant and Settings

The survey was administered to medical students at SKMC at Thomas Jefferson University in Philadelphia, PA. All students surveyed completed the PEL program during the 2015-2016 academic year by attending at least one event.

174 students completed the start-of-year survey, and 112 completed the end-of-year survey. Our sample consisted of the 88 students who completed both surveys: 62 of whom were in their first year of medical school, 32 in their second, and four in their third. About one-third (23) of survey participants had completed the PEL program in a previous year.

Conclusions

All medical students will face the complexities of healthcare throughout their careers as clinicians, researchers, educators, and entrepreneurs. Our research demonstrates that students view comprehension of these non-clinical aspects of medicine vital to successfully navigating the current healthcare environment and to shaping its future. However, medical education at present does not prioritize these non-clinical learning experiences. By creating a program in which students are able to gain exposure to these critical topics, we hope to address this gap in medical education.

Limitations

- Because the survey was initially developed to internally validate the PEL program and better understand participant perceptions of the organization, we did not survey students who did not participate in PEL. A control group was not utilized to differentiate the effects of PEL involvement from the effects of completing another year of medical school on assessment scores.
- More questions would have allowed for stronger conclusions and a more powerful analysis.
- Given the absence of a standardized test for assessing student knowledge of healthcare social sciences, the exam was authored by PEL leadership, and thus, the survey's validity and reliability are unknown.

References