Teaching Health Beyond the Walls of the Health System: JeffSTARS

Interview with Esther K. Chung, MD, MPH

Dr. Chung is Professor of Pediatrics and Director of JeffSTARS (Jefferson Service Training in Advocacy for Residents and Students) at Jefferson Medical College (JMC) and Nemours. In the following interview, Dr. Chung discusses JeffSTARS, a program focused on teaching advocacy to medical students at JMC, residents in Pediatrics at at Jefferson and Nemours/Alfred I. DuPont Hospital for Children; and residents in Family and Community Medicine at Jefferson.

Describe the JeffSTARS program.

Jeff STARS is an advocacy program designed to move students beyond the medical model and the walls of the health system. It is essential to include the social determinants of health in medical education and training.

The program is set up as an outpatient rotation for 3rd-year medical students who are assigned to Jefferson. JeffSTARS incorporates the following advocacy components into the outpatient pediatric experience: a monthly advocacy journal club, weekly Advocacy Cafés, and community site visits. Similarly, pediatric and family and community medicine (FCM) residents on rotation in the outpatient practice also participate in the advocacy components. This allows for a rich and dynamic exchange of ideas involving trainees at various phases in their career development.

The JeffSTARS Advocacy and Community Partnership Elective allows self-selected 4th-year medical students and pediatric and FCM residents to participate in an intensive advocacy experience. This elective allows the students to spend 50% of their time with an advocacy organization in the community and to work on a mutually agreeable project. For example, I have 3 students in the 4th year who rotated recently: one student worked with the Education Law Center on a project related to lead exposure and its impact on child development; another student worked at Planned Parenthood Southeastern Pennsylvania on educating patients about the Affordable Care Act; and another student worked on a needs assessment with Project HOME as part of an effort to help expand pediatric services. Trainees in this elective also attend 15 seminars that cover topics from social determinants of health to working with the media.

You mention journal clubs and Advocacy Cafés, please explain those.

Monthly advocacy journal clubs serve as an opportunity to discuss current articles in the medical literature on health and health policy. The Advocacy Cafés provide weekly opportunities to discuss health topics and often include guest speakers from other organizations and educational institutions. Discussion groups have allowed students to have rich experiences not only with faculty, but with each other and with visiting students. This includes students from Rwanda who visit Jefferson each year from the National University of Rwanda Medical School.

How is advocacy taught?

We learned that we had to meet the students and residents where they were in their training because they are developing their diagnostic skills and are often focused on one-on-one patient interactions. My colleague, Michael Campbell, JD, Visiting Assistant Professor of Law at Villanova University and a long-standing health advocate, has coined the terms, “big A” and “little a” advocacy. “Big A” advocacy focuses on community advocacy, while “little a’ centers on one-on-one patient advocacy. Trainees often start out feeling that “little a” advocacy is more relevant to them, so we start there and eventually weave in more components of “big A” advocacy. Since the implementation of the JeffSTARS curriculum, there has been a cultural shift and both “a” and “A” advocacy have become natural parts of the Advocacy Cafés.

How many students and residents participate in the JeffSTARS program?

For the required outpatient rotation, approximately 4-6 pediatric and 1-2 FCM residents participate monthly. Generally, we host an additional 11 students during their pediatric clerkship every six weeks. That totals to roughly 70+ residents and 88 students per year. Our program is now in its 5th year.

What is the history and motivation behind the program? How did you get involved?

Early in my career, my approach to advocacy was from a researcher’s point of view. I would look at a problem and conduct a research project and then in the background and discussion sections of a paper, I would speak about advocacy areas. From 2007-2009, I had the opportunity to complete a Physician Advocacy Fellowship (formerly Soros) with the Institute on Medicine as a Profession (IMAP) at Columbia University. In this fellowship, I worked with the Maternity Care Coalition on hospital, workplace and public program policies related to breastfeeding. Even though I had been practicing medicine for many years, and I had been very active in public health circles, working in a...
non-profit organization gave me a whole new perspective on advocacy.

I wanted to allow trainees to have similar opportunities, to get them outside of the walls of the hospital and not have to wait until they were established physicians. Students and residents have expressed verbally and in writing that they have learned new perspectives on health from the JeffSTARS program.

You have been the driver of this program from the beginning. How has this affected you professionally?

Being in the role of a faculty member, we are always viewed by trainees as role models and that puts some pressure on us to practice what we preach. Leading JeffSTARS has helped me to stay involved in advocacy efforts, and it has also opened up opportunities for me, it’s a give and take. Being a partner with a community organization allows for close communication; therefore, if a community partner needs a physician to give testimony or to be a part of their campaign to speak on a major public health program, they may contact me. It is part of my job to model advocacy behaviors. On the other hand, the medical students and residents have a lot to teach the faculty and community organizations. They come from different and interesting backgrounds and are very willing to share their knowledge and opinions with others.

How is the program funded? Do faculty volunteer?

The program was initially funded through a grant from Community Access to Child Health (CATCH) and the Community Pediatrics Training Initiative (CPTI) of the American Academy of Pediatrics. The IMAP, Advocacy Education and Training Initiative Grant really helped us to get established and to become institutionalized at Jefferson and Nemours.

Community sites and faculty volunteer to participate. We’ve had a strong commitment from the Department of Pediatrics at Jefferson and Nemours, the Department of Family and Community Medicine, and the School of Population Health. Faculty have helped by volunteering to conduct seminars and lead Advocacy Cafés, and by offering support to students and residents. We have also included speakers from institutions and organizations outside of Jefferson, including Christiana Care, the Pennsylvania Chapter of the American Academy of Pediatrics (PA AAP), and numerous community partners.

Is there anything else you would like readers to know about the JeffSTARS program?

We are always interested in forging relationships with new community partners. We are also interested in expanding our program to include other Departments at Jefferson.

The JeffSTARS program continues to grow, and it has had a tangible and direct impact on patient care. Physicians are better able to advocate for their patients by accessing community resources like WIC and Early Intervention programs. The success of the program lies within the enthusiasm and energy of the medical students and residents, support from the medical school, the residency program, a terrific faculty, and amazing community partners.

For more information on the JeffSTARS program contact Dr. Chung at esther.chung@nemours.org or visit: http://www.nemours.org/education/gme/pediatricresidency/advocacy.html