

## ■ Integrating Social Justice Teachings Into Pre-Health Advising

*Robin Selzer, PhD*

According to Moore (2013), in a 1966 speech to the Medical Committee for Human Rights, Martin Luther King Jr. said, “Of all the forms of inequality, injustice in healthcare is the most shocking and most inhuman” (para.1). This quote resonates with many pre-health advisors who have long been interested in working with marginalized groups and closing the gap between the have and have-nots. Pre-health students are capable of developing knowledge and skillsets as early as their freshman year that will help them address structural inequities relating to access to quality care for their future patients.

There is a current movement in colleges and universities to prepare undergraduates seeking health care careers differently than the way they were prepared in the past. Emphasis has been placed primarily on quantitative metrics like grades and standardized test scores. Yet, the role of healthcare professionals is evolving and health professions curricula are accommodating this by including professionalism and interpersonal communication skills, such as team building and empathy. STEM fields have moved from rote memorization of facts to skill building, like critical thinking, problem-solving, and application of ideas (Branan, Hart, and Kreke, 2015). “Today, the fundamental

components of medicine go beyond the biomedical sciences to include its humanistic, legal and management aspects” (Ezekiel, 2006, para. 4). There is an art and a science to medicine; and it is important that the art not get lost.

The most significant change that reflects this evolution is the revision to the Medical College Admissions Test (MCAT). In January 2015, test content was revised to include psycho-social bases of behavior. Medical schools have shifted to focusing on competency-based assessments to make admissions decisions. “Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and the community being served” (Kirk, 2007, p. 13). This is a tangible result of the importance of applied learning. “Being a good doctor is about more than scientific knowledge. It also requires an understanding of people,” (Kirch, 2012, para. 3). Pharmacy schools are also now incorporating an understanding of diversity and behavior that promotes fair treatment of all people as examples of professional attitudes and behavior (Purkerson Hammer, 2015).

*Dr. Selzer is Assistant Professor,  
Pre-Health Internship Program  
University of Cincinnati,  
Professional Practice &  
Experiential Learning (ProPEL).*

*Address correspondence to  
Robin.Selzer@uc.edu*

It's about time that admissions criteria and health professions curricula catch up with what is important: focusing on barriers to care and how the healthcare professional-patient relationship affects outcomes. This new emphasis on the human side of healthcare is critically important; and it is imperative that pre-health advisors are explicit about teaching their students to take an equity-minded approach by integrating social justice issues into pre-health advising. This is different than treating people the same or equally. Rather, individuals are given different supports to give them equal access. Promoting a social-justice mindset pushes this further by addressing the systemic barriers, whereby no differential support is needed because the root of the cause of the problem has been eliminated.

### **The University of Cincinnati Pre-Health Internship Program**

The Pre-Health Internship Program at the University of Cincinnati has joined the movement. It was developed in 2015 to go beyond simply teaching pre-health students the steps in preparing a competitive application to health professions programs. Rather, the aim is to help students develop an in-depth understanding of the human side of healthcare early on in their undergraduate careers. Social justice- related topics, such as healthcare ethics, social determinants of health, culturally humble care, and healthcare disparities are intentionally embedded into the course as learning outcomes. Students are then provided with structured support to seek an internship in a healthcare setting where they will test out what they have learned in the classroom in the real world. The overall purpose of the Pre-Health Internship Program is to address the gaps between the way health professionals are prepared and what they are called to do in practice.

Undergraduate students who participate in the Pre-Health Internship Program first enroll in a professional development preparation 3-credit hour course. This course entitled, Exploring Health Professions, is intended to provide students with a wider and deeper understanding of a variety of health professions, a focus on professional development, exposure to social and ethical issues regarding the human side of healthcare, an understanding of the importance of experiential learning, and preparation for building a competitive application to the health professions program of their choosing. The course is open to all students, but targeted to freshman in order to integrate career exploration as soon as possible. After successful completion of the Exploring Health Professions course, students are prepared to responsibly engage in pre-health internships in healthcare settings. They register for an online internship reflection course to

deepen their learning and earn college credit for real world experience. The advantage of the Pre-Health Internship Program is that students have structured time for doing the things they need to do to build a competitive application to a professional school program; and they earn credit for it. Ultimately, this also saves the student time and money. The Pre-Health Internship Program has gained support from key partners, like the University of Cincinnati College of Medicine. They have required the Exploring Health Professions course as the gateway, first-year experience course for their new Medical Sciences (pre-medicine) major. Each professional development preparation course includes readings, assignments, videos, and in-class active learning exercises intended to develop consciousness of social justice issues. Then critical reflection is incorporated to help students develop an inquiry-based mindset and analyze their experiences.

### **The Problematizing Approach**

Attending to issues of equity often means attending to complex issues. The term "social justice" is used because it assumes structural inequities and acknowledges agency within structures. It allows for recognizing whose voice gets heard or whose story is most often told, along with whose voice gets submerged. It conveys a critical call to action to dismantle unjust systems and move towards equity. Furthermore, use of the term "diversity" is becoming outdated and is often limited to representation in the form of quotas used for simply making a business case for diversity. In short, the term social justice is a better fit than diversity because the long term goal is about teaching undergraduate students to examine their privileges; explore their identity, values and voice, explore power dynamics; and work for equity and inclusion for all.

The underlying philosophy of the course is to take a "problematizing" approach. This approach was inspired by a quote from Jaime Casap at Google. He said, "Don't ask kids what they want to be when they grow up, but what problems do they want to solve. This changes the conversation from who do I want to work for, to what do I need to be able to learn to do that" (Casap, 2015, para. 39). By introducing students to all of the social-justice related problems that plague healthcare, students are able to confront their hesitation, doubt and perplexity which produces quality and rigorous reflections, rather than surface level ones. Here is one example related to the problematizing approach:

*"Another big aspect of this was learning about all of the problems with health care. Before this class, I had no real appreciation for how disproportionate our health care system is. These exposures really*

*struck a chord with me, and have fueled a deep passion to do what I can to resolve and eliminate these issues.”*

### **Student Reflections as Generative Scholarship**

Upon integrating social justice and healthcare topics, students showed cognitive and affective paradigm shifts in their identities as future healthcare professionals. Student data in the form of reflections that showcase this growth were collected. Rogers (2001) defines reflection as the ability to “integrate the understanding gained into one’s experience in order to enable better choices or actions in the future as well as enhance one’s overall effectiveness” (p. 41). Furthermore, reflection can help students challenge their preconceived notions and open new perspectives (Hondagneu-Sotelo and Raskoff, 1994). Reflection is at the heart of the Pre-Health Internship model because to create social justice minded leaders in the professional workforce, students must practice self-interrogation, introspection, ponder all options in thoughtful ways, and deconstruct paradigms. Students who did this in the course began to see the value of reflection to explore and express themselves, as well as enhance their learning. Ash and Clayton (2004) assert that guided reflective practices help students examine their experiences critically, thus enhancing both the quality of their learning and the related experience they underwent.

### **Cultural Humility (Actively Listening to Patient’s Stories)**

The first learning outcome that infuses social justice into pre-health is: utilize different points of view to understand the human side of healthcare pertaining to cultural difference, sensitivity, and humility. This outcome is operationalized by assigning students to read the text, *The Spirit Catches You and You Fall Down* (Fadiman, 1997). This is a widely referenced book in pre-health advising circles. The book tells the story of a Hmong refugee child, Lia Lee, and her clash with American/Western medical culture, taking on complex topics, such as medication adherence. Key terms like “cultural humility” (Tervalon & Garcia, 1998) and “narrative medicine” (Charon, 2007) are introduced so the students can learn how to have conversations about cross-cultural care and begin to see themselves in relation to the patient. Listening to patient stories leads to empathy induction and perspective-taking which are extremely important for future healthcare professionals. Cultural humility is used instead of cultural competency because this type of self-exploration is not the end point, but a commitment to active engagement in a lifelong process of reflection, self-critique, and learning that requires humility. It also raises the question of whether someone can actually be competent in another person’s culture. The following

is a sample of student reflections that serve as generative scholarship and showcase the aforementioned cognitive and affective paradigm shifts towards creating future social-justice minded healthcare professionals:

*“Before reading this novel, my idea of the difficult patient was for the most part negative. I essentially believed that a difficult patient was responsible for his or her own consequences and that a difficult patient essentially made the decision to be difficult. Instead, they are difficult due to a mutual lack of understanding between the patient and the doctor. Sometimes, a patient is difficult because they cannot understand the advice given to them by their doctor, or feel that their beliefs are not taken into consideration by a doctor.”*

*“Learning other cultures and being accepting and patient with other cultures was not something that I had thought about as affecting the health care field but found its importance in my Exploring Health Professions class while reading *The Spirit Catches You and You Fall Down* and discussing the implications of cultural competency. Although it is impossible for us to learn every culture, it is important to try and learn another culture to be able to appreciate differences and be patient when trying to understand cultural differences.”*

*“I had previously seen myself as a tolerant and open minded individual, but there have been numerous things we have done both in and outside of class that have been enlightening to me. This course has allowed me to see how difficult it can be to be accommodating of patients’ beliefs in the healthcare field. There are many cases when the best possible treatment is rejected by the patients due to their beliefs, and this can be extremely frustrating as a healthcare provider who is simply trying to do what is best for them.”*

Narrative medicine also includes hearing stories from diverse healthcare professionals. Given the dearth of professionals of color and lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) persons who are able to bring their whole selves to work in healthcare, it is important for students to hear their career path stories, which often include tales of discrimination. Tracking research shows that minority physicians are more likely to practice in underserved communities (AMA Wire, 2015) so there is a positive ripple effect. A recent report from the American Association of Medical Colleges reported that the number of African American males applying to medical school hasn’t changed since the 1970’s (Vassar, 2015). So, it is even more critical to bring them into the class as guest speakers to advance the idea of “if you can see it, you can be it.” The following examples showcase new perspectives taken by White students after hearing from an African American nurse and academician:

*“I learned that there is still racial discrimination even in highly respected fields with very intelligent and diligent individuals.”*

*“One thing that I learned would be that despite her degrees and accomplishments, she was still identified by her color here in a larger company as ‘the African American administrator.’ I had no idea that happened in 1990-present!”*

Video vignettes can be used in lieu of speakers if they aren't readily available. For example, To Treat Me You Have To Know Who I Am is a video created by the LGBT Cancer Network that examines the healthcare experiences of LGBTQ people. It can be used to plant seeds with students who may not be aware of how sexual orientation can be a barrier to care. Providing students with real patients' and diverse healthcare professionals' stories, along with new language to use, is one way to advance the integration of social justice into pre-health advising. Students walk away with empathetic connections, new perspectives, and an understanding about treating the person, not the disease.

### **Health Privilege Related to the Social Determinants of Health**

A second learning outcome is to recognize and articulate the meaning of health care disparities. A health care disparity as “a particular type of health difference that is closely linked with social or economic disadvantage” (Healthy People 2020, 2015). Social determinants of health (SDOH) are the conditions in which we are born, live, work, and play. Students examine healthcare disparities and SDOH by viewing the documentary, *The Waiting Room*. The film takes students into the real world setting of the emergency department with uninsured and underinsured patients and lets them walk in their shoes. This is another way to use patient stories to induce empathy.

Students confront implicit bias regarding socioeconomic status and become acutely aware of their health privilege (in terms of access to care) when asked to reflect on the film. The larger debate about healthcare as a human right emerges along with the discussion that some people systematically experience greater social and economic obstacles to health than others. It is then that they can talk about topics like prevention and looking upstream, rather than focusing solely on remedial diagnosis and treatment of disease. They are challenged to think about how zip codes can be stronger predictors of life expectancy than genetic codes. Social determinants of health like economic stability, food deserts, access to recreation spaces, community engagement, neighborhood pollution, access to transportation, health literacy, and affordable and safe housing are addressed. Clint Smith's slam poetry entitled “Place Matters” is an excellent resource for helping students understand SDOH. Students watch his video on YouTube. Students are also provided with an opportunity

to intern for an organization with the mission of closing these health gaps.

The following student reflections capture student's recognition of their health privilege:

*“After seeing this documentary, I realize that the lack of healthcare is a HUGE problem in this country. I had never had this experience before. I have always been covered by the military. I see that people lose their jobs and their health insurance is gone. The whole family is affected. It's not just homeless people, it's hard working Americans that have lost their job.”*

*“Growing up I was fortunate enough to be in a family that did not have to worry about not being able to go to the doctor and obtain essentials (food, clothes, hygiene products, and housing). This means that I was sheltered from most of the problems that exist with healthcare. The Waiting Room was especially eye opening to me.”*

*“The Waiting Room posed many questions about those who cannot afford insurance and proper healthcare. These are all genuine concerns that I as a future healthcare professional would like to work to improve, so that the healthcare experience is a positive one that encourages patients to receive proper care instead of seeing healthcare professionals as a last resort and source of frustration.”*

Another related resource is the Health Privilege Walk activity. Irby-Shasanmi, Oberlin, & Saunders (2012) modeled this activity on privilege walks that are often provided in diversity trainings. The intent is to demonstrate disparities through moving forward or backward as a series of statements about health status and access to healthcare are read. Students continue to acknowledge their privilege in this visual demonstration of stratification and shared the following reflections on their experience:

*“In class, that realization (of fortunate upbringing) was furthered when we participated in the sit-down-stand-up activity involving medical privilege. For as long as I can remember, my parents ensured that my brother and I always attended regular doctor visits, dental check-ups, eye appointments, etc. As a child, I was sure that everyone else received this type of medical care.”*

*“Recognizing my privilege made me immensely grateful to have hard working parents who strived to give me the best life possible. It made me feel blessed to have running water, healthy food, and a roof over my head. It might sound silly, but recognizing my privilege made me thankful to be healthy enough to walk, run, and jump on my own two legs. These powerful emotions that I gradually began to experience*

*motivated me to remain connected to the health field, whether it be through public health or health administration.”*

### **Healthcare Ethics (Domestic and Global)**

A third learning outcome asks students to explore their personal values and ethical guidelines related to complex problems and controversies in health care. Ezekiel (2006) states that the prominence of the Hippocratic oath demonstrates that ethical dilemmas are inherent in medicine. In this lesson, students explore domestic and global health ethical issues, such as hypodermic needle exchange programs and the concept of voluntourism. The domestic ethical issue involves bringing in guest speakers from Cincinnati Needle Exchange. The Cincinnati Needle Exchange is a public health initiative where people can receive education and exchange one-to-one dirty syringes for clean ones. The program has been effective in preventing the spread of HIV and taught students to be comfortable with ambiguity, as most ethical issues are not black or white. As a result, students have also developed further advocacy for under-served populations. The following reflections highlight their understanding of the gray areas:

*“When we first received word about this concept turned reality, exchanging needles rather than helping addicts come clean altogether, I definitely held some biased views. It wasn't until after they came in to speak that I had a better understanding of their impact on the community. After receiving insight from all of the speakers that came in to educate us, I believe it is safe to say that I am more prone to being open about certain things.”*

*“We learned about a wide variety of ideas of healthcare like ones that went against popular opinion and were challenged by society like the Needle Exchange Program for Cincinnati, which helps those that do drugs have clean supplies so that they do not contract other diseases. Because of these programs people are getting the care that maybe the normal healthcare system would not be able to provide.”*

In terms of global health ethics, students read Kascak & Dasgupta's (2014) “Instagramming Africa” article. They are encouraged to reflect on cultural superiority and think through exploitation of communities that have fewer resources. As shadowing opportunities become more difficult to secure due to tightening regulations, pre-health students are seeking out hands-on patient care experiences in developing countries around the world. Evert, Todd, & Zitieck (2015) stated, “Many stakeholders have pointed out that students accessing hands-on patient care under the guise of learning or practicing that is beyond their educational level is unprofessional and goes against the very social justice principles that concerned students and enabling organizations purportedly aim to address” (p.

61). In the course, the AAMC and ADEA guidelines for best practices are shared, as well as stories of students with good intentions who have violated these recommendations and caused harm to themselves and to others. Students distinguish what is learning and what is service while remembering that the patient is vulnerable.

Students are taught to think critically about study abroad by learning to ask the right questions of third partner vendors offering these experiences, like whether records are being kept, what they are doing is sustainable, and if the program has an ongoing relationship with the community. Finally, they are introduced to the Global Ambassadors for Patient Safety (GAPS) online ethics workshop in which students take an oath to not perform duties that they are not trained to do. They leave with the understanding that if you can't do it here, you can't do it there. Their reflections on voluntourism exemplify learning new ethical ideas:

*“The idea of ‘voluntourism’ is also something I learned about this semester that I did not know about beforehand. I have seen quick mentions of similar ideas in the past, but I never thought much of it. Avoiding voluntourism is really important, especially when things like studying abroad come as highly recommended as they do. It also ties into the idea of patient centered health care and making sure that what you are doing for others is actually something that they want or need done. That idea of actually listening to the patient and what they have to say is something that I will absolutely work to apply to practice when I become a physician.”*

### **Passion for Public Health**

An unintended outcome from the Exploring Health Professions course was that students developed a passion for Public Health. Many had not heard of the field. Here is a sample of student reflections that illustrates their new found commitment:

*“Exploring Health Professions was the first course I'd ever taken that addressed health care disparity and got to its root causes. It helped me develop a passion for public health. I feel like I can successfully advocate for underserved populations as I advance in my career.”*

*“I have also learned that I am passionate about public health. Since taking the Exploring Health Professions class I have enrolled in an Evidence for Public Health class on the medical campus and plan to take more classes around the idea of public health.”*

"I've also been able to dig deeper into the study of public health, which was something I didn't even realize existed three months ago."

## Conclusion

This article offers a social justice framework for consideration when advising pre-health students. All of the examples and resources herein allow students to deconstruct stereotypes, bias and oppression in the healthcare systems and problem solve by reconstructing their ideas with social justice values in mind. Pre-health advising offices should not churn out students that lack awareness or conform to ill-informed notions of about how social justice intersects with healthcare. Advisors should be willing to push students forward by exploring BIG questions about problems in healthcare and raise their consciousness about how they can make an impact on the betterment of society. Encouraging reflection on these topics early on in their college experience is one way to begin a lifelong process of introspection and self-awareness that will aid the enactment of social justice leadership in their future practice. This ultimately leads to better future clinical decision-making and better health outcomes for patients (Rooney, 2016).

## References

AMA Wire (2015). Debunking 5 myths about diversity in medical education. Retrieved from <http://www.ama-assn.org/ama/ama-wire/post/debunking-5-myths-diversity-medical-education>

Branan, B. Hart, J. and Kreke, P. (June 2015). Preparing and sharing for change: The AAMC pre-health collection. *The Advisor* Vol. 35, no.2.

Casap, J. (July 23, 2015). My speech for FLOTUS beat the odds summit at the White House. Retrieved from <http://www.jcasap.com/>

Charon, R. (2007). What to do with stories: The sciences of narrative medicine. *Canadian Family Physician*, 53(8), 1265–1267.

Ezekiel, E.J. (2006). Changing premed requirements and the medical curriculum. *JAMA* 296(9), 1128-1131.

Evert, J. Todd, T. & Zitek, P. (December 2015). Do you GASP? How pre-health students delivering babies in African is quickly becoming consequentially unacceptable. *The Advisor*, Vol. 35, no.4,61-65.

Fadiman, A. (1997). *The spirit catches you and you fall down*. Farrar, Straus & Giroux: NY.

Healthy People 2020 (2015). Disparities. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Hondagneu-Sotelo, P., & Raskoff, S. (1994). Community service learning: Promises and problems. *Teaching Sociology*, 22, 248-254.

Irby-Shasanmi, A, Oberlin, K.C. & Saunders, T.N. (2012). Teaching with movement: Using the health privilege activity to physically demonstrate disparities in society. *Teaching Sociology*, 40(2), 123-141.

Kascak, L. & Dasgupta, S. (2014). Instagramming Africa: The narcissism of global voluntourism. Retrieved from <https://psmag.com/instagrammingafrica-the-narcissism-of-global-voluntourism-e5001bf57fdf#.44k9mnp0q>

Kirch, D.G. (2012). New medical college admissions test approved. Retrieved from <https://www.aamc.org/newsroom/newsreleases/273712/120216.html>

Kirk, L.M. (January 2007). Professionalism in medicine: definitions and considerations for teaching. *Proceedings* (Baylor University. Medical Center), 20(1), p. 13-16.

Moore, A. (2013). Tracking down Martin Luther King, Jr.'s Words on healthcare. Retrieved from [http://www.huffingtonpost.com/amanda-moore/martin-luther-king-health-care\\_b\\_2506393.html](http://www.huffingtonpost.com/amanda-moore/martin-luther-king-health-care_b_2506393.html)

Rooney, J.E. (2016). Evolving Education. *Academic Pharmacy Now*, 1, p. 11-16.

Rogers, R.R. (2001). Reflection in higher education: A concept analysis. *Innovative Higher Education*, 26(1), 37-57.

Tervalon, M. & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Healthcare for the Poor and Underserved*, 9(2), p. 117.

Vassar, Lyndra. (2015). The decline of black men in medical education. Retrieved from <http://www.ama-assn.org/ama/ama-wire/post/decline-of-black-men-medical-education>