Quality improvement (QI) is a vital aspect of providing high quality healthcare. Yet, students in healthcare professions are rarely exposed to QI concepts, either through their basic curriculum or in clinical rotations. Despite this lack of curricular attention, there is a strong community of students at Duke University eager to learn more about QI, and become actively engaged in QI research. Whether they are medical students trying to design better discharge procedures, or business students working to reduce patient readmissions, many students are passionately interested in making medicine more effective and more efficient. The Quality Scholars Program aims to provide these students with an integrative and comprehensive educational experience to further develop this interest in a meaningful manner. It seeks to facilitate the development of professional growth and personal discovery in the area of health care improvement.

The Quality Scholars Program establishes a structured program that allows an opportunity to build a cohesive skill set related to patient safety and health care quality. The program combines a basic core curriculum, a mentored practicum project and translational group sessions in order to build a wide range of skills. In addition to academic exposure to the field of QI, the mentored project provides students with an opportunity to build contacts within the QI research community.

In order to provide students with basic competencies in the field of QI, students complete six online Institute for Health Improvement (IHI) Open School courses covering basic theories and processes of quality improvement. The students are paired with a faculty mentor to work on an ongoing QI research project. The mentors and projects are carefully screened for several criteria. Recruited faculty members express interest in working with students and facilitating their exposure to the QI community. These mentors have established projects and have been identified as “quality champions” by their respective departments. Students work on discrete goals of overarching projects such that the students can make a meaningful impact within the program timeline. Students present their final work at a QI-focused research symposium of their choosing, in the hopes of garnering greater exposure to the active and productive agencies supporting health services research. Students currently commit to 25 hours of work over the course of five months of active mentorship, with future possibilities of expansion.

At its core, the Quality Scholars program seeks to connect engaged students with mentors actively involved within the research community. It seeks to develop practical skills and experience atop a foundation of fundamental academic principles. The QSP provides both resources and opportunities to strengthen skills, develop connections, and actively participate in making healthcare more patient-focused. In addition, current researchers are able to influence and engage the next generation of physician scientists, gain hands-on help with their endeavors, and inspire interest in a currently underexposed but extremely important area of healthcare research. Facilitating participation in QI research helps to strengthen the community of QI scholars at Duke, further empowering individuals to envision a better future for healthcare, and to act upon that vision.
At UC Irvine, ultrasound has been incorporated as a means of deepening students’ understanding of medicine, providing avenues for new and exciting research opportunities, and increasing the fund of knowledge that these students are able to share in their both their local communities and abroad. In an effort to provide opportunities to both use and improve their newly developed ultrasound skills, students at UC Irvine have organized trips abroad to underserved areas; areas where fast and efficient imaging modalities are desperately needed.

These students have participated in a wide range of research projects, some of which include: imaging cerebral malaria in Tanzania, teaching Panamanian midwives to use ultrasound to assist childbirth in remote villages, and scanning for renal disease in migrate farm workers in Nicaragua. Additionally, other projects have focused on disseminating their ultrasound knowledge, arranging ultrasound electives at international, rural-based, medical schools in Australia, as well as Romania.

The impact of these projects is multi-fold. Of course, there is the obvious benefit to those underserved areas in which students travel to; providing an imaging modality to detect pathology that would normally be missed. There is also the benefit to teaching international medical students; so they can use this skill in their future practices in rural communities. But there is also the benefit of strengthening the confidence and abilities of the UC Irvine Students who participate in these projects. These programs provide an outlet for medical students to practice and apply their newly acquired ultrasound skills, making a perfect example of the medical adage, “see one, do one, teach one.” By encouraging students to continue to pursue their interests within ultrasound as both researchers and teachers, we are creating more competent and experienced physicians with a better understanding of a broad variety of cultures, pathology, and practice methods.

While the concept of medical students going abroad is not necessarily innovative, the means by which UC Irvine students are accomplishing it is. These projects, whether it is teaching ultrasound in Tanzania, or scanning for kidney disease in Nicaragua, have all been student organized and designed- with faculty acting only in an oversight role. In addition, these projects are all being managed by UC Irvine’s student-lead Ultrasound Interest Group (USIG). This group coordinates the transition of these ongoing projects from year to year, assuring efficiency and effectiveness. Furthermore, one of the largest barriers to traveling abroad is funding; however, thanks to a student run endeavor campaign, UC Irvine has received a generous donation of $100,000 to fund these projects for the next 5 years.

Students at UC Irvine have a unique skill that most medical students are not fortunate enough to learn. In the spirit of our school motto, “Discover, teach, heal” we have decided to use our knowledge to discover new uses for ultrasound abroad, to teach ultrasound to practitioners so as to provide better care for their patients, all in the hopes of that this can lead to the healing of those who might usually go untreated.
Students for a Better Healthcare System (SBHS) is a campaign started by Yale medical students to educate our communities about health reform. Beginning in New Haven, CT, we are delivering presentations throughout our community: 1) explaining the context and content of the ACA, 2) connecting people with the opportunity to sign up for health insurance, and 3) starting a broader dialogue about our health care system and health care reform. We also work within a medical professional context by giving presentations on the ACA to health care providers and by helping local clinics and hospitals develop systems to connect their uninsured patients with the opportunity to enroll.

SBHS is a novel innovation in health reform education because it trains students to lead and deliver educational conversations, relating their theoretical knowledge of health reform with practical situations experienced by community members. As health reform becomes increasingly complex, a hands-on health systems education rooted in community concerns becomes increasingly relevant.

Yale medical students have delivered presentations to 498 people in the New Haven area, at churches, schools, community colleges, and other community settings. Of 82 audience members surveyed, 90% understood health care reform better, 89% felt more informed about how to enroll in health insurance in CT, 96% felt that the ACA could benefit them, and 81% reported an improvement in their understanding of how health insurance works and why everyone needs to enroll for it to function properly. We have also developed corresponding informational materials in English and Spanish that have been distributed at our presentations, to parents through school administrations, and at medical clinics.

Along with promoting dialogue within patient and provider communities, SBHS has coordinated closely with the New Haven Health Department, Access Health CT (Connecticut’s health insurance marketplace), and Yale-New Haven Health System to develop tighter linkages to connect community members and patients who are in need of health insurance with Assisters who are trained to help them enroll. SBHS created a referral system that enables Assisters to directly contact identified, interested consumers.

The SBHS model provides medical students a unique opportunity to engage their communities in a discussion on health systems, access to care, and health reform. It also encourages them to work with professionals in a number of settings to connect patients to care. This valuable learning opportunity cannot be replicated in traditional classroom settings, and it encourages students with any level of medical training to learn more about health issues that patients face outside of the hospital while making a difference in the health of the population around them. Preliminary results suggest that presenting with SBHS increases student understanding of health reform and increases comfort in speaking to patients about insurance and the ACA. This campaign is pre-packaged for national replication and distribution, so we encourage students and educators to contact us if they are interested in bringing SBHS to their community.
**Project Name:** Columbia Human Rights Initiative - Asylum Clinic  
**Medical School:** Columbia University - College of Physicians & Surgeons  

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The Columbia P&S Human Rights Initiative is an organization of students and faculty committed to developing a human rights-based approach to the practice of medicine. We see human rights as a continuously evolving set of shared principles that describe and protect our fundamental humanity in a rapidly globalizing world. The Initiative specifically advocates for the use of medicine to identify, document, and alleviate human rights abuses. Given the multidimensional nature of human rights advocacy, the initiative examines the connections between medicine, economics, law, sociology, and humanitarianism. Through intercampus events and the student-run Asylum Clinic, the organization raises awareness of and challenges the current dialogue around human rights.

The Human Rights Initiative administrates the P&S Asylum Clinic, which provides *pro bono* medical evaluations to those seeking asylum in the United States. Founded in 2010, The Clinic is composed of psychiatric, medical, and gynecological physicians, clinical social workers, and psychologists who have received training in identifying the physical and mental sequelae of abuse and torture. After an evaluation, the physician composes an affidavit outlining any potential symptoms and signs that are relevant to the client’s narrative of torture. Students are involved in all aspects of the Asylum Clinic, from physician recruitment to clinical administration. While operating the clinic, students work with attending physicians who have been trained in the medical evaluation process. Students assist in conducting the evaluation and writing the affidavit. Additionally, students can travel to court to see the outcome of their work. By providing independent medical examinations, the Clinic provides valuable evidence as part of an asylum applicant’s legal case.

Currently, the US asylum process does not guarantee applicants an independent medical evaluation, at times leaving them unable to demonstrate their need for asylum status. By connecting asylum seekers with legal and medical professionals, the Asylum Clinic seeks to overcome the barriers that immigrants face in accessing legal representation and navigating the immigration court system. The Asylum Clinic is affiliated with Physicians for Human Rights ([http://physiciansforhumanrights.org/asylum/asylum-network.html](http://physiciansforhumanrights.org/asylum/asylum-network.html)), an international non-governmental organization that is committed to using medical expertise to document the abuse of human rights.

In January, we conducted training in partnership with PHR and the Weill-Cornell Center for Human Rights (WCCHR), and we now have 14 faculty physicians and licensed clinical psychologists, and 68 Columbia students who see Asylum Clinic clients. We hold monthly burrito sales as fundraisers, and we have received additional funding from independent donors, corporate partners such as Chipotle and through institutional sources including the Kraft Fund for Interfaith and Intercultural Awareness. We recently received the Steve Miller Fellowship for Medical Education to develop additional training programs regarding caring for victims of torture and persecution, and we will be working with WCCHR and Columbia’s Narrative Medicine Program to incorporate a humanistic approach to understanding the “trauma narrative” into future programs.

The Irving Institute for Clinical and Translational Research ([http://irvinginstitute.columbia.edu/resources/cecr.html](http://irvinginstitute.columbia.edu/resources/cecr.html)) generously provides clinical space for our medical, psychological, and gynecological evaluations. Additionally, the Institute is helping HRI develop our “continuing care” program, which will connect asylum seekers with free or low-cost healthcare beyond their medical-legal evaluation. We have recently begun working closely with Columbia Law School’s Asylum Clinic, which serves clients detained in the US Immigration and Customs Enforcement (ICE) system, providing medical students a different perspective on the role of healthcare professionals in a forensic setting.
The Duke Leadership and Education (LEAD) Program is a novel, 4-year longitudinal leadership curriculum for all Duke medical students developed by current students to address the growing need for physician leaders in the US health care system. A group of Duke medical students noticed that despite there being a greater need for physician leaders now than ever in our country’s history, little formal leadership training currently occurs in most medical schools. Thus, this group worked to develop Duke’s LEAD Program. The aim of this curriculum is to train future physician leaders to be effective agents of change in dynamic and complex health care environments.

The LEAD Program spans the four years of medical education. The first two years focus on lectures, workshops, and small group activities. The third and fourth year components provide students real-world opportunities to practice newly acquired skills through active leadership roles. The curriculum is currently in its first year of implementation, and Duke’s first year students are receiving didactic and practical leadership experiences, while third and fourth year students’ function as student leaders for the first years.

The following core competencies represent the desired outcomes of the program:

- Fundamental leadership theory
- Self-management
- Teamwork
- Communication
- Improvement and innovation
- Mentorship
- Healthcare acumen

These competencies will be evaluated and tracked using self-surveys as well as faculty and peer evaluations and feedback.

**Funding**

The LEAD program was awarded a $9,000 grant from the national Alpha Omega Alpha Honor Medical Society as the winner of the Medical Student Service Leadership Project. The Duke School of Medicine has matched this grant with $9,000 in additional funding. The program receives $5,000 annually from the Duke University Health System’s chancellor’s office, and will be entirely School of Medicine-funded by 2016.

**Impact of Program**

Despite 2013-2014 being the pilot year of the program, the Duke LEAD Program has had a positive impact on the institution and students in several key ways:

- Provided first year medical students with sessions on leadership theory, communication, teamwork, and self-management
- Brought together course directors to integrate and standardize leadership training that already occurs across the SOM curriculum and institution
- Given significant opportunity for upperclassman students to function as student leaders and peer mentors

We expect increasing impact with full implementation of the program in subsequent years.