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The Healthcare Leadership Program: Assessing the Past, Present, and Future Impact in the Inland Empire

Background

Formal leadership training opportunities are limited at many medical schools.[2]The Healthcare Leadership Program (HLP) at UCR School of Medicine was an initial solution to this gap in leadership training, and our resulting project provides an innovative solution for assessing the impact of a program of this nature. HLP supports medical students in building a foundation of knowledge rooted in leadership and advocacy to utilize in the community as healthcare leaders. The major foci of the program include: Leadership Lecture Series, Leadership Development (i.e.

Strengths Finder Assessments), Mentorship in the Community, and continuous Quality Improvement Projects (resulting in a capstone project).[1] Since its inception, it has transitioned from a selective program to a designated emphasis that spans 4 years of medical school. As a result, HLP members have been heavily involved in the community. This project will assess the program's activities, understand the leadership experiences gained by students, and explore the program's past, present, and future impact in the Inland Empire utilizing GIS.

Methods

In an aim to best collect data on current HLP students, alumni, and faculty, a group of 30 students were divided into the multiple phases of the program. The three teams included: Student Outreach and Community Engagement, Database and Analytics, and GIS mapping and visualization. The Student Outreach and Community Engagement team reached out to all (current and past) members of HLP, gathering information on any projects they participated in as well as current positions in community organizations. Short, 10 to 15-minute interviews were conducted via various modalities to make it as feasible as possible. The modalities included: phone, zoom, in-person and email- based questions. The Database and Analytics group joined in after data collection and organized the data. Themes from interviews were identified and grouped accordingly. The GIS and Visualization team then stepped in and created a map to illustrate the impact of the program as well as to identify areas where future efforts will be targeted.

Results

A total of 16 students responded and 2 of the founding faculty members. Of the students' responses, 10 students identified as female and 6 as male. Of the student responses, 5 identified as Asian, 2 as white/ Caucasian, 5 as Middle Eastern, 2 as Indian/Asian Indian and 2 as Hispanic/Mixed. Of faculty responses, both identified as male. One of the faculty members identified as African American/ Black and one as Caucasian. Leadership categories were divided into: Clinical researchers, clinical administrators, clinical teachers and clinical educators. Of the student responses, 2 identified as clinical teachers, 1 as a clinical administrator and 13 as clinical researchers. Of the faculty responses, 1 identified as a clinical administrator and the other as a clinical researcher. Leadership roles among students and alumni included, COO, founders of Unheard cries and breast milk bank projects, chief residents, free clinical managers, and class representatives. Faculty leadership roles included President and Dean of CUSM and Vice Chair of Research for the Psychiatry and Neuroscience Residency Program. After a month of data collection, we found that the highest non- response rates were in third year students, past students, and students on leave.

Discussion

Our program is based upon a 4-year, up to 20 hours per year requirement, that is largely facilitated via clinical volunteers. HLP scholars partner with clinical volunteers for our guest speaker series, leadership speaker series, and mentorship. Our present project provided a data driven basis for connecting with clinical leaders across the spectrums of clinical researchers, clinical teachers, clinical educators, and clinical administrators to ensure our program has identified past, present and future clinical volunteers central to our success. Ultimately, our HLP Designated Emphasis is not only leadership focused but also community-based. Our network of program participants, HLP Scholars, and clinical volunteers represent our footprint within and across our service communities, and the foundation of our program.

Conclusion

Through the years, HLP has provided medical students with several community experiences and learning opportunities to develop leadership skills and education. However, there hasn't been an assessment of the program's impact on students and the community. Through the utilization of GIS, we demonstrate a "story map" of HLP's past and current involvement in the community, illustrating student's commitment to leadership endeavors in the Inland Empire. Additionally, we analyzed areas of improvement and future expansion in order to further support HLP's goals and sustainability of the program. Overall, HLP has positively impacted student leadership development and community enrichment.

Citations

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