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*Major Contribution/Research Article*

## Political Action Day: A Student-Led Initiative to Increase Health Advocacy Training Among Medical Students

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### Abstract

**Background:** Health advocacy is a critical aspect of the competent physician's role. It is identified as a core competency by several national physician regulatory organizations, yet few formal training programs exist. We developed an initiative to teach medical students health advocacy skills.

**Method:** At Political Action Day, students from Alberta medical schools lobbied the provincial government. A day of training seminars preceded Political Action Day that focused on teaching health advocacy and communication strategies. The following day, medical students met with elected representatives at the Legislative Assembly. An entry and exit survey was administered to students.

**Results:** On October 26-27th, 2008, 40 students met with 38 (46%) elected representatives including the Minister of Health and Wellness. Feedback from students and politicians suggests the event was effective in teaching advocacy skills. Students reported that this initiative inspired them to be politically active in the future.

**Conclusions:** Political Action Day helps fulfill the health advocacy competency objectives, and requires minimal curriculum time and resources for integration. It is an effective tool to begin teaching advocacy, and should be further expanded and replicated at other medical schools.

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## Background

Advocacy, both at the patient and population level, is a critical aspect of the competent physician's role. Health advocacy pertains to the actions of physicians in influencing public health and policy.<sup>1-3</sup> The Royal College of Physicians and Surgeons of Canada (RCPSC) developed the CanMEDS Framework defining health advocacy as one of seven core competencies of a physician.<sup>4</sup> Health advocacy is further emphasized by the College of Family Physicians of Canada (CFPC),<sup>5</sup> the Accreditation Council of Graduate Medical Education (ACGME),<sup>6</sup> the National Health Services in the UK,<sup>7</sup> and by the Australian Medical Council.<sup>8</sup>

Inherent in this objective is requiring physicians to understand policy reform and the legislative process.<sup>1,2</sup> For physicians to become effective health advocates, exposure and education is essential from the outset of their training.<sup>1,9</sup> The importance of teaching this subject at the medical school level is outlined in the AAMC's Medical School Objectives Project (MSOP),<sup>10</sup> the Medical Council of Canada (MCC) Qualifying Examination objectives,<sup>11</sup> and in the undergraduate medical education curriculum of several Canadian medical schools.<sup>12,13</sup>

Few programs currently exist to achieve this competency,<sup>3</sup> and none have been published and of medical students jointly lobbying the government to change the student loan program, and examine the effects of PAD on student experience in advocacy using an entry and exit survey. More specifically, the primary objective of PAD was to teach students health advocacy skills. Secondary objectives include to convey the importance of health advocacy, to educate students about the policy making process, to establish relationships between medical students and elective representatives in the provincial Legislature, and to successfully influence change in government policy.

## Method

Medical students at the University of Alberta (U of A) and University of Calgary (U of C) worked together in committees to develop position papers on the main issues identified by student surveys, published literature on advocacy, government reports and student consultation.<sup>20-22</sup> There was regular consultation between the Faculty of Medicine and Dentistry at the

implemented in Canadian medical schools. However, several successful programs have been developed in US medical schools.<sup>14-19</sup> For example, Cha et al. developed a one-month curriculum in health activism. Students develop a research proposal, formulate project goals, create a strategy plan, revise the proposal with core faculty, mentors and peer classmates and spend the next 1 to 2 years carrying out the project.<sup>18</sup> In addition, the Boonshoft Physician Leadership Development Program is an integrated, comprehensive curriculum on leadership education for medical students.<sup>17</sup> This program includes a focus on health advocacy and field experience which requires students to select an area or issue to advocate and to plan, implement, and evaluate an advocacy project to change policy or practice.

The longitudinal and extensive nature of these programs is ideal and will result in excellent advocacy teaching. However, it is difficult for medical schools with an already busy undergraduate medical curriculum to integrate these comprehensive programs. Methods of teaching health advocacy that can be more easily adopted are necessary as a stepping-stone to integrating more extensive programs.

The purpose of this study is to describe Political Action Day (PAD), a student-led initiative consisting

University of Alberta, the Professional Association of Residents of Alberta and the Alberta Medical Association. The position paper chosen to present at PAD addressed the insufficiency of the Alberta provincial student loan program in funding medical student education.

On Day 1 (October 26, 2008), students took part in interactive seminars focused on teaching advocacy, policy change, effective communication and lobbying techniques. Details on these sessions and the speakers facilitating them are provided in Table 1. On Day 2 (October 27, 2008), groups of 3-4 students met with MLA's for 15-30 minutes at the Legislature building, with each group being assigned 2-3 meetings. The students presented the position paper and advocated for an increase in student loan limits during medical school. Students participated in a lunchtime seminar hosted by the parliamentary assistant to the Minister of Health and Wellness on the importance of advocacy in medical school. Students also attended Question Period, a time

where the opposition seeks information from the Government. Students were granted an excused absence to attend PAD.

An anonymous entry and exit survey was administered to participating students. The survey was designed by two authors (HG/PG) to reflect the CanMEDS theme of health advocacy and reviewed by a third author (TM) with experience in qualitative research and survey design. The questions posed at the entry and exit survey were identical ( $k = 23$ ), with the exit survey consisting of an additional 5 questions evaluating PAD ( $k = 28$ ). The survey was designed to ascertain basic demographic information ( $k = 6$ ), assess student knowledge and awareness of issues relevant to Canadian medical students ( $k = 10$ ) and determine student's confidence in advocacy ( $k = 7$ ). The question format included multiple choices, true/false and open-ended.

The Health Research Ethics Board at the University of Alberta reviewed the survey and concluded that it did not require ethics approval. Informal feedback was collected from the elected representatives. Data analyses included descriptive statistics and Fisher's exact test with a probability value  $p < 0.05$  considered significant.

## Results

A total of 40 medical students attended PAD and met with 38 (46%) elected officials. Participants were primarily first year medical students (55%), between 20-24 years old (71%), female (55%) and Caucasian (61%). The demographic characteristics of the participants are shown in Table 2. There was a 100% and 79% completion rate of the entry and exit survey, respectively. The two student organizers who designed the survey did not complete it.

Significant changes were seen in student's responses between the entry and exit survey. We found that 24% of responders felt comfortable determining a solution to a large scale problem at entry compared to 70% on exit ( $p < 0.001$ ) while 18% of respondents felt they had an organized approach to convey a message to an elected official initially versus 93% after PAD ( $p < 0.001$ ). We found that 66% of responders felt comfortable creating an interest group to advocate for a solution at entry compared to 80% at exit ( $p = 0.19$ ). A select sample of student responses to the survey questions is shown in Table 3.

When asked what strategies students would employ to deal with an important issue, 18% of students indicated they would contact their elected representative at entry compared to 43% after PAD ( $p < 0.05$ ). Student's expectations from a meeting with an elected official varied at entry compared to 50% of students wanting a commitment to work towards a solution at exit ( $p < 0.01$ ).

Table 4 displays the results of the student evaluation of PAD. The evaluation portion of the survey determined that the majority of students felt adequately prepared to meet with their MLA's, felt that the MLA's were receptive to the meeting and felt comfortable discussing their issue with an MLA and applying their skills on a local level. Correspondingly, after PAD, 87% of students felt inspired to be politically active in the future, 97% felt PAD was a success, 93% felt PAD was well organized and 77% plan on attending PAD in 2009.

Numerous ( $n = 17$ ) elected representatives responded to the informal email requesting feedback with positive comments. Table 5 displays a select sample of the MLA comments. The responses indicate that this was a positive experience for the MLA's who attended.

## Conclusion

The RCPSC, CFPC, ACGME, and several other regulatory physician bodies acknowledge health advocacy as a core competency for physicians.<sup>4-8</sup> In order for physicians to become effective health advocates, exposure and education is essential at the outset of their training.<sup>1-9</sup> Teaching health advocacy as a competency has traditionally been difficult;<sup>3</sup> no Canadian medical school has published initiatives and select U.S. medical schools have been successful. The majority of the initiatives are extensive longitudinal programs,<sup>14-19</sup> the ideal mode of health advocacy teaching. However, longitudinal programs are difficult to implement into the busy undergraduate medical education curriculum and shorter programs providing practical and didactic teaching is required.

At the 1st Annual PAD in 2008, 40 students met with 46% of the elected representatives in the Alberta Legislative Assembly, including the Deputy Premier, Minister of Education and Minister of Health and Wellness. The survey results suggest that PAD influenced students' knowledge of political advocacy and helped students develop frameworks towards

problem solving at a governmental level. PAD taught political advocacy by engaging students in lobbying the provincial government, while teaching them how to build relationships and make changes at a policy level. Moreover, students reported that PAD was successful, well organized and that they were inspired to be more politically active in the future.

The encouraging comments, thank you cards and supportive emails from the MLAs indicate the quality of training received by participants and the astounding success of PAD. The medical students involved in PAD have since then continued lobby the same position, outlining why the current student loan system is insufficient to meet the financial need of many medical students. The relationship with government, created by PAD, was cultivated through numerous subsequent meetings with the Minister of Advanced Education and various bureaucrats. As a direct result, the provincial government recently announced that, effective August 1, 2010, it will substantially increase its contribution to loans and raise the loan limit to from \$95,000 to \$150,000, responding to the request made at PAD. Therefore, medical students have successfully influenced provincial government financial policy and this success will likely reinforce student's participation in future health advocacy.

The two-day format of PAD represents a novel method of teaching health advocacy that could be easily integrated into an undergraduate medical education curriculum to serve as a starting point to work towards more comprehensive advocacy programs. Longer, more longitudinal health advocacy courses are ideal. For example, as part of a more in-depth course, students may complete an internship in the office of an elected official,<sup>14</sup> or complete a community-based project.<sup>15</sup> These provide a longer lasting experience that will leave advocacy better ingrained in students' minds. Programs such as this have also been successfully integrated into several American nursing programs.<sup>24,25</sup>

However, undergraduate curricula are facing increasing pressures to reduce didactic teaching while providing a comprehensive curriculum to students. Simple initiatives such as PAD can facilitate the transition to more in-depth modes of training. For example, at our

institution PAD has served to increase students' interest in health advocacy training and several didactic lectures on advocacy have been introduced into the curriculum. With the continued success of subsequent lobbying initiatives and further introduction of teaching, our institution will develop a comprehensive advocacy teaching curriculum as illustrated above.

Our study has several limitations. First, a standard evaluation tool to assess the efficacy of PAD was not utilized. In future initiatives, advocacy training will utilize a more standardized tool to effectively evaluate the efficacy of the program, such as the modified Political Astuteness Inventories, a tool developed to identify the effectiveness and progress of health advocacy training programs elsewhere.<sup>24</sup> Second, the exit survey did not have 100% completion rate as transportation logistics reduced the number of completed exit surveys. Third, there was a potential selection bias as students that participated in PAD were more likely to have an inherent interest in advocacy initiatives.

There are several future areas of research that should be considered. First, a longitudinal study of the effects of additional training seminars and repeating the same survey to medical students in consecutive years would be informative. Second, further surveys conducted on how the success of PAD will impact participant's future involvement in advocacy initiatives would improve understanding of the relationship between lobbying success and involvement.

In summary, Political Action Day addressed a deficiency in the undergraduate medical education curriculum. The survey demonstrated that PAD effectively teaches health advocacy skills by engaging medical students in the political process. Therefore, advocacy training through interactive seminars and lobbying initiatives should be introduced at other medical schools. By achieving this core competency outlined by several regulatory physician organizations in Canada, US, UK and Australia, future physicians will be better able to use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

**Table 1. Health advocacy training sessions for medical students in political action day.**

Session Title	Facilitator
Successful Advocacy in the Political Atmosphere of Alberta, Canada	Peter Huang, MD Chair, Alberta Medical Association Government Affairs Committee
Fitting it Together: Political Advocacy and Why Physicians Must Act to Influence Health Policy	Darryl LaBuick, MD President (2007-2008) Alberta Medical Association
Effective Interaction with the Media	Shannon Rupnairn, MBA Director, Alberta Medical Association Public Affairs
Political Etiquette and How to Meet an Elected Official	Sarah Thomas Executive Director, Professional Association of Residents of Alberta
Strategies to Effectively Convey a Message to an Elected Official	Shannon Rupnairn, MBA Director, Alberta Medical Association Public Affairs
Effective Political Advocacy: An Elected Official's Perspective	Laurie Blakeman, BFA Member of Legislative Assembly
How Physicians Can Directly Influence Health Policy: An ER Physician's View	Raj Sherman, MD Member of Legislative Assembly, Parliamentary Assistant to the Minister of Health and Wellness
Question Period: Observing Opposition Members of Legislative Assembly	All Sitting Members of Legislative Assembly

**Table 2. Demographic Characteristics of 38 Medical Student Participants in Political Action Day Surveyed in October 2008\***

Category		No. (%)
<b>University</b>	University of Alberta	23 (60.5)
	University of Calgary	15 (39.5)
<b>Year of Medical School</b>	First	21 (55.3)
	Second	17 (44.7)
<b>Age</b>	20-24	27 (71.1)
	25-29	8 (21.1)
	>30	3 (7.9)
<b>Sex</b>	Male	17 (44.7)
<b>Ethnicity</b>	Caucasian	23 (60.5)
	Asian	8 (21.1)
	Other	7 (18.4)
<b>Parental Income†</b>	Less than \$40,000	4 (10.5)
	\$40,000 - \$80,000	10 (26.3)
	\$80,000 - \$120,000	7 (18.4)
	\$120,000 - \$160,000	7 (18.4)
	Greater than \$160,000	8 (21.1)
	Unsure	2 (5.3)

\* The two student organizers who designed the survey did not complete it.

† Parental income in Canadian dollars per year.

**Table 3. Medical Student Responses to Questions About Advocacy Before and After Political Action Day Surveyed in October 2008**

Question	No. (%) Answering "Yes"		p-value*
	Entry Survey n = 38	Exit Survey n = 30	
When confronted with a problem on a provincial scale do you feel that you know how to determine a solution?	9 (24)	21 (70)	< 0.001
Do you have an organized approach to present the issue and convey your message in a 15 minute meeting?	7 (18)	28 (93)	< 0.001
There is an issue that you feel very strongly about changing. Would you feel comfortable creating an interest group to advocate for a solution?	25 (66)	24 (80)	0.19

\* Fisher's exact test.

**Table 4. Medical Student Evaluation of Political Action Day Surveyed in October 2008**

Statement	No. (%) Answering Agree or Strongly Agree* n = 30
You felt adequately prepared to meet MLA's. †	22 (73)
MLA's receptive to meeting.	27 (90)
You felt comfortable discussing the issue with MLA.	26 (87)
Learned skills and tools that can be applied on a local level.	26 (87)

\* Students selected Agree or Strongly Agree on a Likert rating scale.

† Member of Legislative Assembly.

**Table 5. Written Comments from Members of Legislative Assembly in Response to Medical Student Political Action Day, 2008**

Member of Legislative Assembly	Comment
Honorable Dr. Raj Sherman Parliamentary Assistant to Minister of Health and Wellness	"What we as physicians have lacked, is training in leadership as well as understanding the language of policy makers. It was truly an honor to meet with my younger colleagues."
Dr. David Swann Leader, Official Opposition of Alberta	"I was impressed with the thoughtful approach, good background material and excellent discussion."
Honorable Heather Kimchuk Minister of Service Alberta	"I appreciate you sharing your insight and expertise in regard to increasing the amount of student loans which should be available as a resource to medical students."
Heather Forsyth	"Our province needs medical professions and it was interesting to hear the challenges you face."
George Rogers	"The students were polite, professional, and did a very good job of stating the challenges faced by students, and the need for appropriate government action."

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## Appendix A: Entry Survey

The following questionnaire will ask you a series of questions about your demographic background and your knowledge prior to Political Action Day. The questionnaire should take about 5 - 10 minutes to complete. All responses are completely confidential and will never be used in any way that could link them to you.

By completing this questionnaire, you are indicating your willingness/consent to participate. It is important for you to know that you can withdraw from this evaluation at any time, and your data will be pulled and destroyed. It is helpful if you complete all the questions, however, you are free to refuse to respond to items that you are not comfortable responding to.

For further information or if you have any questions about completing the questionnaire, please contact [author names deleted for blinding].

### Demographics

1. What medical school do you attend?
  - a. University of Alberta
  - b. University of Calgary
2. What year of medical school are you currently enrolled in?
  - a. 1<sup>st</sup>
  - b. 2<sup>nd</sup>
  - c. 3<sup>rd</sup>
  - d. 4<sup>th</sup>
3. What is your age?
  - a. 15-19
  - b. 20-24
  - c. 25-29
  - d. >30
4. What is your gender?
  - a. Male
  - b. Female
5. What ethnicity do you associate yourself with?
  - a. Caucasian
  - b. Hispanic
  - c. Asian
  - d. Aboriginal
  - e. African
  - f. Other
6. What is your parental household income?
  - a. < \$40,000
  - b. \$40,000 - \$80,000
  - c. \$80,000 - \$120,000
  - d. \$120,000 - \$160,000
  - e. > \$160,000
  - f. Unsure

### Knowledge/Awareness

7. When confronted with a problem on a provincial scale (ex. oil sands development, highway development), do you feel that you know how to determine a solution?
  - a. Yes

- b. No
8. There is an issue that you feel very strongly about changing. What would be your first step?
  - a. Write a letter to the media to promote awareness
  - b. Join an interest group to bring attention to the issue
  - c. Contact your elected representative directly
  - d. Wait until the issue gets more attention
9. There is an issue that you feel very strongly about changing. Would you feel comfortable creating an interest group to advocate for a solution?
  - a. Yes
  - b. No
10. When meeting with an MLA in the provincial government to increase the student loan limit for medical students, what do you think is an achievable goal?
  - a. Acknowledgement that the issue is important
  - b. A commitment to work towards a solution
  - c. A commitment to introduce the issue during Question Period
  - d. An active commitment that a letter will be written to the Minister of Education
  - e. An active commitment to advocate to the Minister of Education in person on your behalf
11. You have a meeting scheduled with an MLA immediately after you complete this survey. Do you have an organized approach to present the issue and convey your message in a 15 minute meeting?
  - a. Yes
  - b. No
12. What is your level of political involvement prior to today?
  - a. None
  - b. Interested, never involved
  - c. Small degree of involvement
  - d. Extensively involved
13. Do you think that involvement this weekend will inspire you to be more politically involved in the future?
  - a. Yes
  - b. Unsure
  - c. No
14. What is the average debt load of a graduating Canadian medical student?
  - a. < \$10,000
  - b. \$10,000 – \$50,000
  - c. \$50,000 – \$100,000
  - d. > \$100,000
15. Families that represent the lowest income earning quintile (ie. 20% of population with lowest income) represent what percentage of medical students?
  - a. <2%

- b. 2 – 10%
  - c. 10 – 20%
  - d. >20%
16. Families that represent the highest income earning quintile (ie. 20% of population with highest represent what percentage of medical students?
- a. <2%
  - b. 2 – 10%
  - c. 10 – 20%
  - d. >20%
17. What is the average cost of a medical student in their final year of medical school (year 3 Calgary, year 4 Alberta)?
- a. <\$15,000
  - b. \$15,000 – \$30,000
  - c. \$30,000 – \$45,000
  - d. > \$45,000
18. How much has medical school tuition increased in the past 10 years?
- a. No change
  - b. 25 - 74%
  - c. 75 - 124%
  - d. > 125%
19. What is the average salary of a PGY-1 resident in Alberta?
- a. < \$42,499
  - b. \$42,500 - \$47,499
  - c. \$47,500 - \$52,499
  - d. > \$52,500
20. The ability to pursue medicine as a career is independent of your socioeconomic background.
- a. True
  - b. False
21. Today's medical students are an accurate representation of the diversity of Canada in regards to ethnicity.
- a. True
  - b. False
22. Today's medical students are an accurate representation of the diversity of Canada in regards to gender.
- a. True
  - b. False
23. Today's medical students are an accurate representation of the diversity of Canada in regards to socioeconomic status.
- a. True
  - b. False

## Appendix 2. Exit Survey

The following questionnaire will ask you a series of questions about your demographic background and your evaluation of Political Action Day. The questionnaire should take about 10 minutes to complete. All responses

are completely confidential and will never be used in any way that could link them to you.

By completing this questionnaire, you are indicating your willingness/consent to participate. It is important for you to know that you can withdraw from this evaluation at any time, and your data will be pulled and destroyed. It is helpful if you complete all the questions, however, you are free to refuse to respond to items that you are not comfortable responding to.

For further information or if you have any questions about completing the questionnaire, please contact [author names deleted for blinding].

### Demographics

- 1) What medical school do you attend?
  - a) University of Alberta
  - b) University of Calgary
- 2) What year of medical school are you currently enrolled in?
  - a) 1st
  - b) 2nd
  - c) 3rd
  - d) 4th
- 3) What is your age?
  - a) 15-19
  - b) 20-24
  - c) 25-29
  - d) >30
- 4) What is your gender?
  - a) Male
  - b) Female
- 5) What ethnicity do you associate yourself with?
  - a) Caucasian
  - b) Hispanic
  - c) Asian
  - d) Aboriginal
  - e) African
  - f) Other
- 6) What is your parental household income?
  - a) < \$40,000
  - b) \$40,000 - \$80,000
  - c) \$80,000 - \$120,000
  - d) \$120,000 - \$160,000
  - e) > \$160,000
  - f) Unsure

### Evaluation

- 7) What did you like most about the Political Action Day?
- 8) What did you like least about the Political Action Day?
- 9) In what ways could Political Action Day be improved?
- 10) General comments

### Knowledge/Awareness

- 11) When confronted with a problem on a provincial scale (ex. oil sands development, highway development), do you feel that you know how to determine a solution?

- a) Yes  
b) No
- 12) There is an issue that you feel very strongly about changing. What would be your first step?
- a) Write a letter to the media to promote awareness  
b) Join an interest group to bring attention to the issue  
c) Contact your elected representative directly  
d) Wait until the issue gets more attention
- 13) There is an issue that you feel very strongly about changing. Would you feel comfortable creating an interest group to advocate for a solution?
- a) Yes  
b) No
- 14) When meeting with an MLA in the provincial government to increase the student loan limit for medical students, what do you think is an achievable goal?
- a) Acknowledgement that the issue is important  
b) A commitment to work towards a solution  
c) A commitment to introduce the issue during Question Period  
d) An active commitment that a letter will be written to the Minister of Education  
e) An active commitment to advocate to the Minister of Education in person on your behalf
- 15) You have a meeting scheduled with an MLA immediately after you complete this survey. Do you have an organized approach to present the issue and convey your message in a 15 minute meeting?
- a) Yes  
b) No
- 16) What is your level of political involvement prior to today?
- a) None  
b) Interested, never involved  
c) Small degree of involvement  
d) Extensively involved
- 17) Do you think that involvement this weekend will inspire you to be more politically involved in the future?
- a) Yes  
b) Unsure  
c) No
- 18) What is the average debt load of a graduating Canadian medical student?
- a) < \$10,000  
b) \$10,000 – \$50,000  
c) \$50,000 – \$100,000  
d) > \$100,000
- 19) Families that represent the lowest income earning quintile (ie. 20% of population with lowest income) represent what percentage of medical students?
- a) <2%
- b) 2 – 10%  
c) 10 – 20%  
d) >20%
- 20) Families that represent the highest income earning quintile (ie. 20% of population with highest represent what percentage of medical students?
- a) <2%  
b) 2 – 10%  
c) 10 – 20%  
d) >20%
- 21) What is the average cost of a medical student in their final year of medical school (year 3 Calgary, year 4 Alberta)?
- a) <\$15,000  
b) \$15,000 – \$30,000  
c) \$30,000 – \$45,000  
d) > \$45,000
- 22) How much has medical school tuition increased in the past 10 years?
- a) No change  
b) 25 - 74%  
c) 75 - 124%  
d) > 125%
- 23) What is the average salary of a PGY-1 resident in Alberta?
- a) < \$42,499  
b) \$42,500 - \$47,499  
c) \$47,500 - \$52,499  
d) > \$52,500
- 24) The ability to pursue medicine as a career is independent of your socioeconomic background.
- a) True  
b) False
- 25) Today's medical students are an accurate representation of the diversity of Canada in regards to ethnicity.
- a) True  
b) False
- 26) Today's medical students are an accurate representation of the diversity of Canada in regards to gender.
- a) True  
b) False
- 27) Today's medical students are an accurate representation of the diversity of Canada in regards to socioeconomic status.
- a) True  
b) False
- 28) Please feel free to write any additional comments below: