

## ORIGINAL RESEARCH

# The Human Rights and Social Justice Scholars Program: A Collaborative Model for Preclinical Training in Social Medicine

Salina Bakshi, MD, Aisha James, MD, Marie Oliva Hennelly, MD, Reena Karani, MD, MHPE, Ann-Gel Palermo, MPH, DrPH, Andrea Jakubowski, MD, Chloe Ciccariello, MD, Holly Atkinson, MD  
*New York, NY*

---

### Abstract

**BACKGROUND** Despite the importance of the role social justice takes in medical professionalism, the need to train health professionals to address social determinants of health, and medical trainees' desire to eliminate health disparities, undergraduate medical education offers few opportunities for comprehensive training in social justice. The Human Rights and Social Justice (HRSJ) Scholars Program at the Icahn School of Medicine at Mount Sinai is a preclinical training program in social medicine consisting of 5 components: a didactic course, faculty and student mentorship, research projects in social justice, longitudinal policy and advocacy service projects, and a career seminar series.

**OBJECTIVES** The aim of this article is to describe the design and implementation of the HRSJ curriculum with a focus on the cornerstone of the HRSJ Scholars Program: longitudinal policy and advocacy service projects implemented in collaboration with partner organizations in East Harlem. Furthermore, we describe the results of a qualitative survey of inaugural participants, now third-year medical students, to understand how their participation in this service-learning component affected their clinical experiences and professional self-perceptions.

**CONCLUSION** Ultimately, through the implementation and evaluation of the HRSJ Scholars Program, we demonstrate an innovative model for social justice education; the enduring effect of service-learning experiences on participants' knowledge, skills, and attitudes; and the potential to increase community capacity for improved health through a collaborative educational model.

**KEY WORDS** medical education, social justice training, human rights education, advocacy, service learning

© 2015 The Authors. Published by Elsevier Inc. on behalf of Icahn School of Medicine at Mount Sinai. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

---

## THE NEED FOR SOCIAL JUSTICE TRAINING IN UNDERGRADUATE MEDICAL EDUCATION

It has been well documented that the main determinants of health and health inequities, such as poverty, discrimination, lack of education, and

unequal distribution of resources, are socioeconomic and political in nature.<sup>1,2</sup> Addressing these issues requires health professionals to have knowledge and skills that extend beyond biomedical science and into social justice,<sup>3</sup> defined as the principles of equity, quality, and ethics in the access to and provision of healthcare and based

---

The authors declare they have no conflicts of interest.

From the Department of Medical Education (SB, A. James, MOH, RK, A. Jakubowski, CC); the Center for Multicultural and Community Affairs (A-GP); and The Arnhold Global Health Institute (HA) at the Icahn School of Medicine at Mount Sinai, New York, NY. Address Correspondence to S.B. ([salina.bakshi@gmail.com](mailto:salina.bakshi@gmail.com)).

on the understanding of health as a human right.<sup>1</sup>

Accordingly, medical schools increasingly have been called on to graduate physicians who are competent in addressing the clinical, socioeconomic, and political roots of health outcomes.<sup>4–6</sup> However, despite the large number of medical trainees who intend to work toward health equity and with underserved populations in their careers,<sup>7</sup> and despite the joint release of a charter in 2002 by the American College of Physicians, the American Board of Internal Medicine, and the European Federation of Internal Medicine defining the active promotion of social justice as 1 of 3 fundamental principles of medical professionalism,<sup>8</sup> medical schools offer little if any training in social justice. Furthermore, although this call for integration of social justice training within undergraduate medical education is well articulated throughout the medical literature,<sup>5,6,9</sup> there is a dearth of examples within the literature describing, evaluating, or analyzing either formalized or extracurricular social justice training within medical schools. Most options to access this training during medical school are through freestanding lectures, short-term elective courses, or extracurricular service projects. Faculty, resources, and educational experiences in social justice are often decentralized and therefore difficult for medical students to identify and access.<sup>1,10</sup>

## HUMAN RIGHTS AND SOCIAL JUSTICE SCHOLARS PROGRAM

**Background.** The Human Rights and Social Justice Scholars Program (HRSJSP) is an innovative extracurricular preclinical program that provides comprehensive training in social justice and health equity to first-year medical students at the Icahn School of Medicine at Mount Sinai (ISMMS). This model uniquely prioritizes engagement with local underserved communities, focusing on collaborations with East Harlem community-based organizations (CBOs) to provide applied experiences in social justice and advocacy. The HRSJSP aims to equip the next generation of physicians with the ideals, peer support, knowledge, and skills to help eliminate health inequities through systems-level change.

**Program Structure.** The HRSJSP has 5 components:

1. A didactic course in health and human rights;
2. Faculty and student mentorship;
3. A collaborative longitudinal service and advocacy project with East Harlem community partners;

4. A career seminar series; and
5. A research project.

HRSJSP was initiated during the 2011–2012 academic year by 4 medical students, in collaboration with faculty members from the Department of Medical Education, the Center for Multicultural and Community Affairs, and the Human Rights program within The Arnhold Global Health Institute at Mount Sinai. Additionally, the longitudinal service and advocacy projects were designed in partnership with East Harlem CBOs, including the East Harlem Emergency Preparedness Collaborative, the East Harlem Community Health Committee, the Institute for Family Health, and Union Settlement. CBOs were recruited based on the relevance of their work, the presence of an existing relationship with Mount Sinai faculty, and the CBO's interest in developing collaborative projects.

Each year, first-year medical students are invited to apply to the HRSJSP by submitting a written application describing their interests, previous experiences, and professional goals regarding human rights and social justice work. A committee of HRSJSP faculty and current participants selects 10 to 12 students, hereafter referred to as “scholars,” who participate in the program through the end of the summer following their first year of medical school. Currently, the program is in its third cycle.

**Program Objectives.** By participating in the 5 program components, HRSJ scholars are expected to accomplish the following:

1. Recognize and describe the effect of social determinants on health outcomes;
2. Analyze health and social justice issues within a human rights framework;
3. Develop and implement a research project in an area of personal interest at the intersection of health and social justice;
4. Build a relationship of accountability and trust with a partner CBO through a longitudinal service project;
5. Explain effective theories and strategies in advocacy, community organizing, and policy analysis;
6. Map the academic and professional paths of physicians who have promoted social justice and health equity in their careers; and
7. Identify a community of peer-, institutional-, and community-based allies in social justice.

**Didactic Coursework: Health, Human Rights, and Advocacy.** Scholars take an 8-week course, Health, Human Rights, and Advocacy (HHRA), in the fall of their first year, which serves as the didactic

underpinning of social justice and human rights theory. The elective course is designed and implemented by students. Students structure the course and weekly topics, invite expert speakers in the field of health and human rights to lead the class each week, and organize weekly student presentations on the topic of the class. Each session is developed as a workshop and intended to give students a highly interactive experience; every class includes a component of formal presentation as well as facilitated discussion by the session leaders on the weekly topic. Session leaders include a mixture of physicians, researchers, and community-based advocates or activists. The course also aims to bring the voices of East Harlem community partners to classes focused on relevant topics. Weekly topics in 2011–2012 included an introduction to health and human rights; environmental health; humanitarian disaster relief; immigrant health; lesbian, gay, bisexual, and transgender (LGBT) health; prisoners' health; reproductive rights and justice; and skills and strategies in advocacy.

**Faculty and Peer Mentorship.** Each scholar is paired with an HRSJ faculty mentor who is committed to social justice work and can provide advice on developing a career involving human rights and social justice. Scholars may shadow their mentor in a clinical setting, such as the Mount Sinai Human Rights Clinic, the East Harlem Health Outreach Partnership Clinic, the Mount Sinai Adolescent Health Center, or the Mount Sinai Visiting Doctors Program; scholars have developed research or advocacy projects with their mentors. Scholars are also paired with second-year peer mentors who can navigate the professional landscape of medical school. Scholars are matched with their faculty and peer mentors based on shared interests and experiences.

**Professional and Career Development.** Each semester, scholars participate in 2 career workshops with a variety of physicians from different specialties and disciplines who have dedicated their careers to issues in social medicine. These visiting physicians serve as role models for students, demonstrating the range of job opportunities available, detailing successful pathways for career development, and providing networking possibilities. Physicians in attendance have included individuals from academic, government, international, and nonprofit organizations and foundations.

**Scholarly Project.** Each scholar conducts a summer research project broadly related to a social justice issue of his or her choice. Students may choose to work with their mentor on the research project but

have the flexibility to work with another investigator, participate in an overseas global health program, or pursue other options. The summer research project is fully funded through the Icahn School of Medicine's Medical Student Research Office or The Arnhold Global Health Institute. In summer 2012, 9 students traveled abroad through partnerships with The Arnhold Global Health Institute and 2 conducted research with community and international organizations in New York City. Workshop sessions are currently being developed to train scholars in specific research-based skills, such as community-based participatory research and qualitative research methodology.

**Collaborative Longitudinal Policy and Advocacy Service Project.** The final component and the core of the HRSJSP is the collaborative longitudinal service and advocacy project. Scholar dyads are paired with a CBO or health coalition in East Harlem to conduct a health policy or advocacy service project. Through co-mentoring by a community partner and an HRSJSP faculty member, students gain an understanding of current community-based, systems-level approaches to addressing the health and social service needs of an underserved community. The projects directly benefit the local partner organization, and they are passed down to the next generation of scholars each year. As such, scholars have applied experiences in supporting community efforts through longitudinal, sustainable relationships with community partners. To enhance their contribution to their projects, scholars also receive financial support to attend external advocacy skill-building workshops and seminars from other academic institutions and relevant nonprofit organizations. The longitudinal service project is described in further detail later.

## COLLABORATIVE, LONGITUDINAL POLICY AND ADVOCACY SERVICE PROJECTS: RATIONALE, DESIGN, AND EXPERIENCE

**Mount Sinai and the East Harlem Community: Exploring the Need for Partnership.** The World Health Organization has included community orientation among characteristics embodied by “5-star” doctors who act to promote the wellness of the individual and the community. Medical students who gain experience working with underserved communities early in their medical careers may be more likely to be advocates and practitioners of community health as physicians.<sup>11</sup> Curricula

designed to have students critically engage with communities in the field and learn about community health and environmental, political, and socioeconomic issues affecting health have been shown to increase students' commitment to working with medically underserved populations.<sup>12</sup> Additionally, many medical schools and residency programs are offering advocacy training to their students in recognition of the professional role of physicians in creating system-wide changes to address problems they see in their clinical practice.<sup>13</sup>

According to the Consortium of Universities for Global Health, global health can be defined as “an area for study, research, and practice that places a priority on improving health and achieving equity in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.”<sup>14</sup> Despite a broad understanding of global health, many academic institutions view global health education as focusing primarily on international experiences rather than issues affecting one's local area.<sup>14</sup> The HRSJSP, although supporting international experiences, is firm in its ideology that local partnerships are effective and central to the goals of global health education and teaching social justice in the North American setting.

The ISMMS shares a zip code and a deep connection with its surrounding neighborhood of East Harlem, home to some of the most vulnerable members of New York City. Thirty-eight percent of East Harlem residents live below the poverty level, nearly twice as many as in New York City in general.<sup>15</sup> Poor social conditions are reflected in health statistics that are consistently worse than the 41 other neighborhoods of New York City.<sup>15</sup> A higher percentage of East Harlem residents have asthma, lead poisoning, diabetes, and obesity than residents in the rest of the city.<sup>15</sup> East Harlem also has a higher rate of deaths due to heart disease and HIV, a higher rate of hospitalization for mental illness and drug-related causes, and a higher rate of hospitalization of children due to all-cause injuries.<sup>15</sup> Access to care is similarly poor: 4 of 10 adults in East Harlem lack a primary-care doctor, and approximately 18% of East Harlem residents are uninsured.<sup>15,16</sup>

The historical relationship between the Mount Sinai Hospital and the East Harlem community is mixed with regard to community residents'

experiences in accessing appropriate and high-quality health care services, resources, and benefits to support the well-being of the surrounding neighborhood. Although many students at ISMMS have served as activists, advocates, and researchers in the East Harlem community, due to the turnover of first- and second-year medical students, most service projects run by Mount Sinai students in East Harlem are necessarily of short-term nature, if not a series of one-time efforts while growth of programs, trust in organizations, and demonstrable improvements in the medical and social indicators of health are more likely to be achieved through continued presence and work over time. Consequently, we identified a significant need to develop sustainable, longitudinal partnerships between CBOs and students who are eager to engage in meaningful community-driven work. Supporting the efforts of culturally and historically established CBOs to achieve their goals in the community enables ISMMS students to provide direct service to East Harlem in a sustainable way.

**Project Design.** During the 2011–2012 academic year, 10 service projects were carried out in conjunction with local community-partner organizations, each developing a tool or product that the community-partner organization could use for advocacy, evaluation of its programs and activities, strengthening its direct service work with patients/clients, or for some other goal identified by the partner organization. In partnership with the East Harlem CBOs, the projects were developed and supervised by the HRSJSP student leadership team and a faculty advisor with academic training in public health and a longstanding background of working as a community health advocate in East Harlem. Scholars and CBOs developed work plans for specific goals, the steps required to reach each goal, and a timeline for project activities and goal completion. Two structured reflection sessions were provided during which all scholars met with their faculty advisors to discuss the process of working on their service projects. In addition to dissemination of their project findings through formal presentations at local and national conferences, scholars also present their projects to the East Harlem CBOs and the Mount Sinai community through a Health Equity Symposium each spring. Finally, in close partnership with the CBOs, these projects are passed down each year between dyads of HRSJ scholars.

Through this process, HRSJ scholars and CBOs practice the process of building sustainable relationships and projects in response to the needs of the

community. As a result, partnerships have been developed between Mount Sinai and the East Harlem Emergency Preparedness Collaborative, the East Harlem Community Health Committee (EHCHC), the Institute for Family Health, Union Settlement, SMART University, Boriken Neighborhood Health Center, and Physicians for a National Health Program (PNHP). The benefits reaped from these strong partnerships continue to accrue as each successive cohort of HRSJ scholars identifies and produces new tools of use to the CBO or coalition.

**Project Examples and Experiences.** The EHCHC is a large coalition of social services and health providers in East Harlem. Partnering with the EHCHC pediatric subcommittee, past scholars have worked to map pediatric mental health services in the neighborhood and to characterize the types of services they offer. The project has provided both a resource to aid social service providers with referral for mental health services and a starting point for an assessment of the unmet mental health needs of youth in the neighborhood. Scholars have also worked with the EHCHC to investigate the effect of Medicaid health home implementation on the delivery of care in the East Harlem community. In-depth work with a single community health center enabled the creation of recommendations for local clinics and CBOs for effectively integrating their services within health home systems and linking their patients to needed services.

Another project placed scholars with SMART University, a community-based HIV treatment education organization run by and for HIV-positive women. Scholars facilitated workshops for the members of SMART's advocacy group in preparation for their lobbying of New York City and state representatives during World Hepatitis Awareness Day 2012 and taught self-advocacy skills to members of the organization's youth group.

As a final example, scholars partnered with PNHP New York to establish a student chapter of PNHP at ISMMS and to organize a physician advocacy summit, speaker series, and student participation in the PNHP local chapter's Lobby Day. The Mount Sinai PNHP group continues to educate the Sinai community about single-payor health care and actively advocates for health reform at the state level in Albany, New York.

Although this collaborative training model offers important benefits to the East Harlem community, some elements remain suboptimal, such as limited student time for work on projects and loss of information and continuity as successive student cohorts

transition in and out of longitudinal projects. Further attention to program design is required to mitigate these issues and optimize benefit to the CBOs.

Finally, to capture the qualitative dynamics of the HRSJ scholar-CBO relationship, the experience of building capacity and partnership is framed through the lens of a scholar's reflective testimonial as presented in [Figure 1](#).

## UNDERSTANDING THE EFFECT OF THE HRSJSP

**Assessment Background.** To better understand the effect of the service and advocacy component of HRSJSP on early clinical experiences and self-perception, we developed a 9-question qualitative survey. Ten HRSJ scholars were selected in the 2011-2012 inaugural year of the program, and the survey was administered online to all 10 of these program participants, who are now completing their third year of medical school. All of the inaugural participants completed the survey. Of the 10 participants, 5 were men and 5 were women. The survey included open-ended questions about professional interests, advocacy knowledge and skills, and attitudes toward social justice in medicine. We used a framework approach with inductive content analysis to identify themes in the responses to the open-ended items. Seventeen concepts were identified through the text responses. These concepts were then grouped together into 5 themes. A saturation matrix was then used to reaffirm these 5 themes.<sup>17,18</sup>

**An Effect on Clinical Experiences.** The primary theme that emerged from the open-ended responses emphasized the importance of the ability to apply an understanding of social determinants of health to clinical encounters, which helped participants advocate for patients from vulnerable populations during clinical rotations. One participant described a patient with an underlying psychiatric disorder who was dismissed by the clinical team on an internal medicine rotation:

[She] was unwilling to provide the medical team with any information about her health or social situation. ... While written off by the rest of the medical team as being unable to help, I spent time speaking with her and eventually traveled to a church she mentioned in order to find a friend [who] was able to assist her in medical decision making.

Participants also reported the ability to refer patients to community resources as a result of HRSJSP. One participant explained, "The HHRA [course] really



*“As one of the inaugural Human Rights and Social Justice Scholars, I was unsure of what to expect from the service projects portion of this program. It was hard to imagine exactly how I would interface with a community organization, what skills I could add, and also how I would possibly be able to accomplish anything with the competing demands of studying, tests, anatomy labs and more tests. But this would end up being the most meaningful portion of the HRSJ program for me, and cultivate in me an appreciation for the community of East Harlem, an understanding of the importance of community engagement, and also allow me to begin to develop the skills that are needed for this type of work.*

*I was paired with the East Harlem Community Health Committee (EHCHC), a committee that pulls together leaders from a number of different health organizations located within East Harlem. They have active sub-committees covering everything from child health to disaster preparedness, and they also come together as a large group monthly for strategic planning and idea cross pollination.*

*I walked up to my first meeting at 115th street on a chilly day in October 2011. Though I had already lived in NYC for college, I found myself walking on streets I had never been on before. Once there I met a room full of people doing amazing work - social workers, community organizers, founders of non-profits, and there was also a palpable sense of community. All these people were united over a love of their neighborhood, and a desire to keep it healthy. They were very welcoming and excited to have me there. To them, I represented a commitment on behalf of Mount Sinai to literally sit at the table and engage in meaningful work with the community.*

*Over the next few months I worked with the committee to devise a project. The committee has, for a long time, needed a better understanding of the landscape of pediatric mental health resources in the East Harlem community. Through many meetings and conversations, we decided to investigate how children and adolescents enter the mental health system in East Harlem and what this experience looks like. In order to answer these questions, we decided that I would do field research - mainly structured interviews - to create a map of this process. I reached out to people from all areas of their field - social workers, teachers, pediatric psychiatrists, Head Start programs, and counselors. From these engagements, I constructed a framework for (1) how young people are identified (2) how they interface with health professionals (3) what the broad categories of services are and (4) how students exit the system. I also had discussions with community leaders on how issues of race and gender play into the diagnosis of mental illness in the East Harlem pediatric population and how these issues often result in downstream consequences that need to be carefully considered. This project was an extremely enriching and eye-opening experience for me, exposing me to the complex interface of medicine and community, but I worried about what would happen to this work when I left.*

*Luckily, the structure of the HRSJ program, with new students entering each year is that these projects can be passed on, creating sustainability and continuity with the community partners. There have now been three additional years of students working on this same project. Following my graduation from this program, the students who inherited this project chose to focus on schools, since they serve as the setting in which most students get linked into care and receive treatment. They have gone on to study the discrepancy between mental health offerings and different schools, and have made recommendations to the EHCHC about what types of services and opportunities they should be advocating for. It's amazing to watch this partnership grow and take on new meaning with each new student who takes it on.*

*I feel lucky to have had this opportunity, so early in my medical career, and know that it will inform my choices and actions in my future career.”*

**Figure 1. An HRSJ Scholar's Experience with the East Harlem Community Health Committee.**

broadened my understanding of the resources and non-profits ... that we can link patients to.”

This theme also could be seen as many participants credited a heightened awareness of discrimination toward hospitalized patients who did not speak English, those with low health literacy, and those who were incarcerated to HRSJSP sessions that addressed these issues. Regarding the incarcerated patients he saw in the hospital, 1 participant explained, “I have a different perspective on the type of care they receive, as well as the way people treat someone with the label of ‘prisoner.’”

**Understanding Attitudes Toward Social Justice in Medicine.** In open-ended responses regarding attitudes, 2 themes emerged. First, participants reported that HRSJSP helped to protect and foster their idealism. As 1 participant stated, “That is significant because my personal values have been challenged by the climate of the wards—it can be hard to maintain a caring and empathetic attitude on the floors when you are surrounded by cynicism.” Several participants reported that the exposure to physician apathy and patient discrimination were 2 factors that made them feel less idealistic during their third-year rotations, and described the mitigating effect of HRSJSP on loss of idealism. One participant stated:

The third year of medical school can be incredibly challenging on both an academic and emotional level. The de facto attitude on the wards is one of cynicism and exhaustion. HRSJ has helped to demonstrate that medicine can be practiced according to a higher ideal.

Second, participants described HRSJSP as having the potential to cultivate a community of like-minded peers, mentors, and faculty. One participant noted, “I feel close to my HRSJ peers and supported by them as we go through our clerkships.” However, others described the 1-year length of the program as a missed opportunity; one participant explained that the “infectious energy towards social justice issues [and the] momentum that had been built dissipated” at the end of the yearlong program. Participants expressed desire for the program to extend into the second year of medical school and for opportunities for intergenerational reflection.

**Limitations of Assessment.** The HRSJSP was implemented and evaluated at a single institution, and the generalizability of the findings to a wider community of medical students is therefore limited. We also recognize the potential inherent bias among a self-selected, small study population (N = 10) that already valued the principles of health

equity and social justice. We acknowledge the limitations associated with self-reported data with regard to level of knowledge and skills without an objective assessment of capacity gained. Qualitative data was collected with a nonvalidated survey tool, and the evaluation did not include a comparison to students who were not HRSJSP participants. Finally, this study only examined the initial cohort of program participants.

## DISCUSSION

The implementation of HRSJSP at ISMMS demonstrates the feasibility of implementing a preclinical human rights and social justice curriculum to

1. Fulfill an unmet need in medical education to equip future physicians with training in social justice;
2. Provide collaborative structured service-learning experiences with community-based organizations; and
3. Increase capacity for CBOs in their advocacy and community work in East Harlem.

Additionally, initial evaluation suggests a lasting effect on participants’ ability to sustain idealism throughout medical school and to better understand and advocate for their patients during clinical practice.

Through partnering with East Harlem CBOs in developing longitudinal policy and advocacy projects, our intent is to ensure that all medical student-community organization partnerships are truly mutually beneficial. HRSJ scholars are expected to engage in dialogue with members of the organization with which they are working, reflect critically on their work, and engage in an iterative process as a way of creating the most meaningful contribution possible for the partner organization. By addressing the real needs of an existing CBO, scholars have the unique opportunity to develop leadership qualities and specific skills through needs-driven practice, including the ability to analyze health issues from a social justice perspective, to design sustainable programming, and to communicate their ideas and positions to audiences of both health professionals and community members. Scholars experience the ways in which contributing to policy and advocacy efforts to affect community health can be a form of service equal in importance and value to more commonly available service experiences, such as direct patient care. Scholars graduate with an experience that empowers them to understand and

embody the dual roles of clinician and advocate in their future careers.

Ultimately, a comprehensive preclinical program that offers instruction in human rights and social determinants of health, opportunities for mentorship, applied advocacy experiences through community-based service projects, and participation in a community of like-minded peers and educators can preserve idealism and commitment to social justice in medicine. Through such a pathway, we hope to position a community of medical students for future high-impact leadership roles that will allow them to build partnerships to conduct population-based public health research and promote health policy changes to address health inequities.

## CONCLUSIONS

Future directions of the HRSJSP include the extension of program components longitudinally across the 4 years of medical school and the introduction of a skills-building workshop series focusing on

advocacy and policy skills. We will also be designing a scholarly project with East Harlem community partners to determine indicators and methods for the effective evaluation of the effect of the program on community health outcomes. Annual surveys of HRSJSP alum will also be initiated upon graduation of the inaugural scholars from ISMMS, and we hope to develop a robust alumni community of physicians who remain engaged in social issues of social justice throughout their careers.

## ACKNOWLEDGMENTS

The authors acknowledge Yasmin Meah, MD, and Natasha Anushri Anandaraja, MD, for their mentorship and their roles as faculty advisors to the HRSJSP. The authors also acknowledge all 3 generations of the HRSJ scholars and leaders for their dedication to social justice and their commitment to the program. Funding was received from the AOA Medical Student Service Leadership Project Award Grant for the implementation of HRSJSP.

---

## REFERENCES

1. Hixon AL, Yamada S, Farmer PE, Maskarinec GG. Social justice: the heart of medical education. *Soc Med* 2013;7:161–8.
2. Solar O, Irwin A. A conceptual framework for action on the social determinants of health. *Social Determinants of Health Discussion Paper 2 (Policy and Practice)*. Geneva, Switzerland: World Health Organization; 2010.
3. Dharamsi S, Ho A, Spadafora SM, Wollard R. The physician as health advocate: translating the quest for social responsibility into medical education and practice. *Acad Med* 2011;86:1108–13.
4. Boelen C. Viewpoint: social accountability: medical education's boldest challenge. *MEDICC Rev* 2008;10:52.
5. Kumagi AK, Lyson ML. Beyond cultural competence: critical consciousness, social justice, and multicultural education. *Acad Med* 2009;84:782–7.
6. Irby DM, Cooke M, O'Brien BC. Calls for reform of medical education by the Carnegie Foundation for the Advancement of Teaching: 1910 and 2010. *Acad Med* 2010;85:220–7.
7. Matriculating student questionnaire. American Association of Medical Colleges, All Schools Summary Report: 2013 Available at: <https://www.aamc.org/data/msq/>. Accessed February 1, 2014.
8. American Board of Internal Medicine (ABIM) Foundation; American College of Physicians (ACP)—American Society of Internal Medicine (ASIM) Foundation; European Federation of Internal Medicine. *Medical professionalism in the new millennium: a physician charter*. *Ann Int Med* 2002;136:243–6.
9. Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010;376:1923–58.
10. Coria A, McKelvey TG, Charlton P, Woodworth M, Lahey T. The design of a medical school social justice curriculum. *Acad Med* 2013;88:1442–9.
11. Oandasan IF, Barker KK. Educating for advocacy: exploring the source and substance of community-responsive physicians. *Acad Med* 2003;78(suppl 10):S16–9.
12. Smith JK, Weaver DB. Capturing medical students' idealism. *Ann Fam Med* 2006;4(suppl 1):S32–7.
13. Croft D, Jay SJ, Meslin EM, Gaffney MM, Odell JD. Perspective: is it time for advocacy training in medical education? *Acad Med* 2012;87:165–70.
14. Koplan JP, Bond TC, Merson MH, et al. Towards a common definition of global health. *Lancet* 2009;373:1993–5.
15. Olson EC, Van Wye G, Kerker B, Thorpe L, Frieden TR. *Take care East Harlem*. NYC community health profiles. New York City: Department of Health and Mental Hygiene. Available at: [www.nyc.gov/html/doh/downloads/pdf/data/2006chp-303.pdf](http://www.nyc.gov/html/doh/downloads/pdf/data/2006chp-303.pdf); 2006. Accessed February 5, 2015.
16. EHHOP 2012 annual report. Icahn School of Medicine at Mount Sinai. Available at: [http://icahn.mssm.edu/static\\_files/MSSM/Files/Education/Medical/2012-EHHOP-Annual-Report.pdf](http://icahn.mssm.edu/static_files/MSSM/Files/Education/Medical/2012-EHHOP-Annual-Report.pdf); 2012. Accessed February 5, 2015.
17. Suter WN. Qualitative data, analysis, and design. In: Suter WN, ed. *Introduction to educational research: a critical thinking approach*. Washington, DC: Sage Publications; 2012: 342–86.
18. Elo S, Kyngas H. The qualitative content analysis process. *J Adv Nurs* 2008;62:107–15.