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Medical students go back to school

The Triple A journey

Background

Studies in medical humanities show that attention to the human aspects of medicine deepens the relationship between clinicians and patients and adds social value to medical encounters.

Objective

This article describes an evidence based asthma program – the 'Triple A program' – where medical students influence adolescent health and wellbeing within the school community, rather than the consulting room.

Discussion

The Triple A program works effectively at giving first hand experience to future doctors on what impact can be made by education. It shows future doctors the power of social responsibility while simultaneously improving the health and wellbeing of high school students.

■ **Medical education has traditionally focused on the health and wellbeing of individuals. However, given the increasing appreciation of the importance of socioeconomic disparities on health outcomes,¹ it is not surprising that there have been calls to rethink the orientation of medical education to make it more community focused, and to increase the social dimensions of care by the physician. It has been argued that, 'The focus of medical education should move from the patient to the community, accompanied by educational programs to measure and improve the health of the community, and the community's perceived needs'.²**

In Australia, as in other countries, medical education has widened to include a stronger commitment to public health and prevention.³ An array of community based approaches to medical education has been promulgated globally. Examples include community based courses in medical schools in Glasgow, Scotland;² and specific community based interventions such as an obesity intervention in Rochester, New York,⁴ and an intervention to improve doctor-patient relationships in adolescents in Vancouver.⁵

Inadequate education and poor understanding of asthma has long been noted as a concern for adolescents with asthma.⁶ The Triple A program is the first peer led program that has attempted to address this gap. The program uses a peer education approach to ensure the information is relevant and acceptable for adolescents, who are recognised as being harder to reach through traditional health education approaches.⁷ For young people, peers can be a powerful resource for teaching and learning and a common source of advice. In addition, change is believed to be more likely to occur when a peer or someone perceived as a role model relays a positive health message.

The Triple A program

The Triple A program was developed by the first author in response to schools' concerns about the extent of school absenteeism from asthma, together with confusion about how best to manage

Figure 1. Student participation in the 'asthma quiz show'



asthma within the school setting. The program model is based on the understanding that student knowledge and attitudes toward asthma, behaviour modelling and peer pressure, all influence adolescent asthma management in schools. The intervention strategies of the program are based on a theoretical framework of empowerment education⁸ and social learning theory.⁹ A range of strategies including videos, games, role plays and quiz shows are used during school lessons for students, led by trained Triple A peer leaders (*Figure 1*).

The Triple A program aims to improve the health and wellbeing of students with asthma. Furthermore, it creates a supportive school environment in which health promotion messages and actions, such as 'saying no to smoking', are more likely to be accepted by students. The program was developed in schools in western Sydney (New South Wales), an area of relatively low socioeconomic status with a large non-English speaking population.

The Triple A program has undergone rigorous scientific review and testing. This includes impact evaluation in schools in western Sydney¹⁰ and a randomised controlled trial in schools in Tamworth (NSW). The results demonstrate that participation in the program encourages a sense of personal responsibility and leads to clinically significant improvements in quality of life in students with asthma, with students experiencing fewer asthma attacks and reduced school absenteeism.^{11,12} Feedback from students and staff demonstrated that the program was well accepted and highly rated by all involved. Since its inception, the program has been implemented in schools across Australia and has reached more than 12 000 high school students.

In 1999, following the program's success in several high schools in Australia, a training program for future Triple A educators (people who could train adolescent peer leaders) and a Triple A kit were developed to widen the scope of the program. The opportunity to undertake Triple A educator training and then deliver the program to high school students was offered as an optional subject to first and second year medical students at the University of Sydney.

Medical students participate in a 1 day training workshop which provides them with the practical knowledge, skills and tools needed

to train Triple A peer leaders in a school (*Figure 2*). The medical students then coach year 11 students as peer leaders (*Figure 3*), who in turn deliver three asthma lessons to junior classes. Students learn about asthma and how to 'say no to smoking' through videos, games and quiz shows. They are guided by the peer leaders to critically analyse the challenges faced by adolescents with asthma, and propose strategies to address these barriers through brief presentations using drama, dance and rap activities to audiences that include pupils and their families.

Program materials and delivery methods are standardised through the use of a comprehensive kit that includes program manuals and a series of DVDs. Program materials are available on the Asthma Foundation of Victoria website (www.asthma.org).

Evaluation of the program

Ongoing evaluation of the program indicates that participation has been an overwhelmingly positive experience for medical students.

'I feel more confident in my ability to educate the community about health, an important skill that will be frequently vital in my future chosen career'. (CM)

'It has been a very worthwhile experience which has shown me how a simple tool can make a difference in not only increasing the awareness of health issues in the community

Figure 2. Medical students learning how it feels to have asthma



Figure 3. Medical students showing students how asthma medications work



but also empowering young adults with the knowledge and confidence to be in control of their health'. (LS)

The program reinforced their own asthma knowledge and confidence in educating adolescents about a health issue and helped them appreciate the importance of prevention. It has also helped to enhance communication and leadership skills and helped them to develop a greater appreciation of social responsibility.

'I went to (----) to teach kids about asthma but I think that those kids have taught me so much more than I could have given them. They have taught me about life. About what Australia is like outside the small privileged circles in which we move'. (JS)

An unexpected outcome has been that through role modelling, high school students have been encouraged to aspire to university education. This has been especially noted in disadvantaged schools and rural and indigenous communities.

Where to next?

The Triple A program has been tested as a curriculum subject for pharmacy students, with equally positive student feedback.¹³ It is currently being trialled at the University of Sydney as an inter-professional learning subject.

Summary

Through evidence based education and participatory activities, the Triple A program engages university students in positively influencing the health and wellbeing of the community. In doing so, it shows future health professionals the power of health education, social responsibility, and the importance of communicating effectively with young people.

Conflict of interest: none declared.

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