

Avanthi Jayaweera, MD

RESIDENCY

University of North Carolina Family Medicine Residency Program, Chapel Hill, NC

MEDICAL SCHOOL

Virginia Commonwealth University School of Medicine, Richmond, VA

Dr. Jayaweera counts developing a student-led and leadership curriculum to prepare students to challenge systemic barriers to health; developing a needs assessment to understand students' perceptions and knowledge of community health advocacy; and developing a research study to assess course participants' knowledge of community health issues related to the social determinants of health (SDoH), advocacy skills, and confidence of using such skills as her top professional accomplishments. Professionally, her areas of interest include advocacy training in medical education, caring for marginalized communities, and comprehensive reproductive health care. Following residency, Jayaweera plans to explore fellowship training in outpatient procedures, including comprehensive reproductive care. She will also continue working at her federally qualified health center (FQHC) in rural North Carolina and plans to collaborate with community leaders to develop a community advisory board for her residency program, specifically their FQHC track. Her long-term goals are to be more involved in medical student education and continue organizing her community around health equity and justice issues. In her free time, she enjoys salsa and bachata dancing, preparing crowd-pleasing appetizers and desserts, storytelling as an advocacy tool, and interior design.

Awards and Recognition

2020	Dr. Paul Munson Award for Family Medicine Advocacy and Leadership
2020	I2CRP Honors Program Capstone Research Award, Virginia Commonwealth University School of Medicine
2020	AMSA James Slayton National Award for Leadership Excellence
2019-Present	Gold Humanism Honor Society
2013-Present	Phi Beta Kappa Academic National Honor Society
2020	STFP Conference on Medical Student Education Student Scholarship
2018	AAFP Family Medicine Leads Scholarship

Offices and Appointments

2022-Present	Graduate trustee, AMSA Board of Trustees
2021-Present	Advocacy resident liaison, UNC FMRP
2021-Present	Rural track resident liaison, UNC FMRP
2021-Present	Resident liaison, UNC FMRP Good Vibes Committee
2020-2021	Resident representative, AAFP Reproductive Health MIG
2019-2020	Vice president for leadership development, AMSA Board of Trustees
2019-2020	Board member, AMSA Foundation Board of Directors

Community and Public Services

2021-Present North Carolina Farmworker Project, Outreach Clinics
2020-Present UNC Student Health Action Coalition, Multidisciplinary Clinic
2016, 2018 Remote Area Medical Clinic

Personal Statement from Dr. Avanthi Jayaweera

Reality struck me on the wards. A kind, middle-aged man recently diagnosed with melanoma was admitted for a life-threatening but treatable infection. When our team reviewed his treatment plan with him, he merely sat there in silence and avoided all eye contact. After a long pause, he mumbled, “How much is this going to cost? I have two kids in college, and I can’t leave my family with these bills.” His first concern was not about his survival but the lasting impact of unimaginable medical debt. After continued discussions with this patient, we learned that he was given a poor prognosis, and time was running out. Rather than agreeing to treatment to buy a few extra days with his loved ones, he declined all services and left knowing that the infection would inevitably worsen. I sat there with empty hands and felt discouraged that my clinical training alone was not enough to help him. Unfortunately, he is one of the many patients forced to decide between accepting treatment for their personal health or providing for their families—a decision no one should ever have to make.

This patient and other patients struggling to access affordable health care are my inspiration for becoming a family medicine physician, particularly practicing in medically underserved settings. My passion for this specialty began when I volunteered at a rural free clinic in Virginia, where I met countless people who faced multiple barriers to health services and had nowhere else to go. At first, I tried to make sense of this inefficient system, but then I realized that none of it made sense. Health care for these patients is fragmented between multiple mobile clinics, monthly specialty access programs, and other temporary safety net programs. These individuals are the most vulnerable in our society, yet they’re served with the least effective programs. This has been the standard for the underserved, particularly those in rural areas who often have fewer resources. Our rural communities deserve a more comprehensive approach to health that eliminates these national health care challenges and barriers, a mission inherent to family medicine.

I grew tired of waiting for a solution when our patients couldn’t wait any longer. So, I rose to the challenge and dove straight into advocacy as an American Medical Student Association (AMSA) leader. I stepped out of my comfort zone and organized lobby days on campus to advocate for Medicaid expansion in Virginia. At last, through patient advocacy, I felt that my small contribution was part of a more comprehensive, sustainable solution that would give patients access to needed care and empower communities to address health inequity through policy. So, I took a risk and spent a year away from clinical medicine as the AMSA Education & Advocacy Fellow to lead national advocacy initiatives focused on drug pricing reform. I led multiple workshops around the country and coordinated an Advocacy Leadership Summit to equip numerous medical students with essential advocacy tools they can use for their patients. With these skills, I developed our medical school's first student-led advocacy and leadership curriculum. Through advocacy for the underserved, I can be a stronger family physician for my

community by advocating for policies that prevent patients from ever having to face these impossible decisions that put their lives, livelihood, or families at risk.

Overcoming Obstacles

As I transitioned to a family medicine residency at the University of North Carolina (UNC) Family Medicine Residency Program, I enrolled in our rural health track, where my continuity clinic is based in a federally qualified health center (FQHC) in Caswell County, a community that serves about 22,000 individuals. Many of our patients have not seen a physician in years, have no access to health insurance, and drive long distances to reach our clinic. The number of barriers they face to receiving our health care services is eye-opening and, at times, heartbreaking. Despite my patients' exorbitant challenges in coordinating and affording their care, being their primary care physician has been the most rewarding role I have ever had.

It has been an incredible honor to work in a rural setting. Developing strong relationships with community members has been our first step toward creating a practice that addresses the needs of our diverse rural community. Through life-history interviews with our rural health faculty, we are building the relationships needed to develop a community patient advisory panel that is representative of the diverse community we care for and helps guide the education of our residents from a community perspective. In addition to this work, I have spearheaded a quality improvement initiative to collect more comprehensive information about our patients' social determinants of health (SDoH) to understand and measure the barriers to health our patients face. We also recently received a research grant to standardize protocols for managing preeclampsia and hypertension for pregnant and postpartum patients. In the coming months, I hope to stay at our clinic and help broaden the care we provide for LGBTQ+ communities by starting a gender-affirming care program that involves resident and medical student education.

My Unique Journey

Through these experiences, I learned that approaching patient health by focusing only on the individual in front of me is not enough. An alternative, more comprehensive approach is to incorporate all determinants of health by seeing the entire community as my patient. In my case, I used my role as an AMSA leader to organize medical students in support of policy solutions to eliminate health disparities and inequity. As a committed patient advocate, I inform our legislators of the impact poor public policies have on my community and people like my patient with melanoma. As a new board member on the AMSA Board of Trustees, I plan to facilitate additional advocacy opportunities for residents and practicing physicians on issues related to health equity. Most importantly, as a family physician, I will continue to serve in an FQHC and collaborate with community partners to provide care and advocate for our families who are uninsured and low-income. In the pursuit of equitable health outcomes, I feel more prepared than ever to fulfill the mission of family medicine by working within and beyond the walls of our clinic as a physician leader and as an advocate for social change.

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