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# Teaching Advocacy in Medical Education

## CCME - April 17, 2012

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# Disclosure statement

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We have no actual or potential conflict of interest in relation to this presentation.

# Objectives

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1. Define advocacy.

2. Examine effective and appropriate means of teaching and evaluating advocacy.

3. Explore practical and ethical challenges.

# Starting Points

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- Advocacy is a core element of medical practice, for all physicians and in all specialties
- We all have political biases, but good advocacy does not presume a particular political orientation
- This is a session about Teaching Advocacy, not about the value of Advocacy itself.

# Session Outline

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- Introductions
- Case discussion
- Definition of advocacy
- Framework for Teaching Advocacy
- Small groups
- Presenters' Examples
- Conclusion

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# Case Discussion

# A Case:
# The Challenges of Teaching Advocacy

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- "So … what do you think of the case of Roland Wong?"

-- A Medical Student

# A Case: The Challenges of Teaching Advocacy

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Schofield L and Clarke J. The Bullet. February 3, 2010.

# A Case: The Challenges of Teaching Advocacy

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- The Special Diet controversy
- Roland Wong's involvement
- A hero or a disgrace???
- Government and the College of Physicians and Surgeons of Ontario

# A Case: The Challenges of Teaching Advocacy

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*"A doctor is there to be a doctor,*
*not to advocate for the poor,*
*or to be the official opposition in government*
*through taxpayer's money."*

– Toronto Councillor Rob Ford, speaking about making a complaint to the CPSO about Dr. Roland Wong

CMAJ 2010; 182(9): E401.

# A Case: The Challenges of Teaching Advocacy

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- What are some of the challenges you face in discussing this case with this medical student?
  - –Ethical?
  - –Personal?
  - –Emotional?

# A Case: The Challenges of Teaching Advocacy

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- What pedagogical approaches can you take to transform your discussion of this example to a teaching session on skills in advocacy?

- Do you feel prepared to translate examples of advocacy into more broadly applicable learning points? Why or why not?

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# Defining Advocacy

# Defining Advocacy

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*"If community advocacy cannot be defined, how can it be taught?"*

(Oandasan and Barker, 2003)

How do ***you*** define advocacy,
in the context
of teaching a future health professional?

# Definitions

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*"Action by a physician*
*to promote those social, economic, educational,*
*and political changes*
*that ameliorate the suffering*
*and threats to human health and well-being*
*that he or she identifies*
*through his or her professional work and expertise."*

Earnest MA et al. Acad Med 2010; 85: 63-67.

# Definitions

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*"Advocacy is about power.*
*It means influencing those who have power on behalf of those who do not."*

Teasdale K. Advocacy in health care. Oxford: Blackwell; 1998.

*"Advocacy is using one's voice, position and skills to work towards positive change on behalf of an individual or group."*

Pinto AD. Medicine, Conflict and Survival 2008; 24:4: 285-295

# The scope of advocacy?

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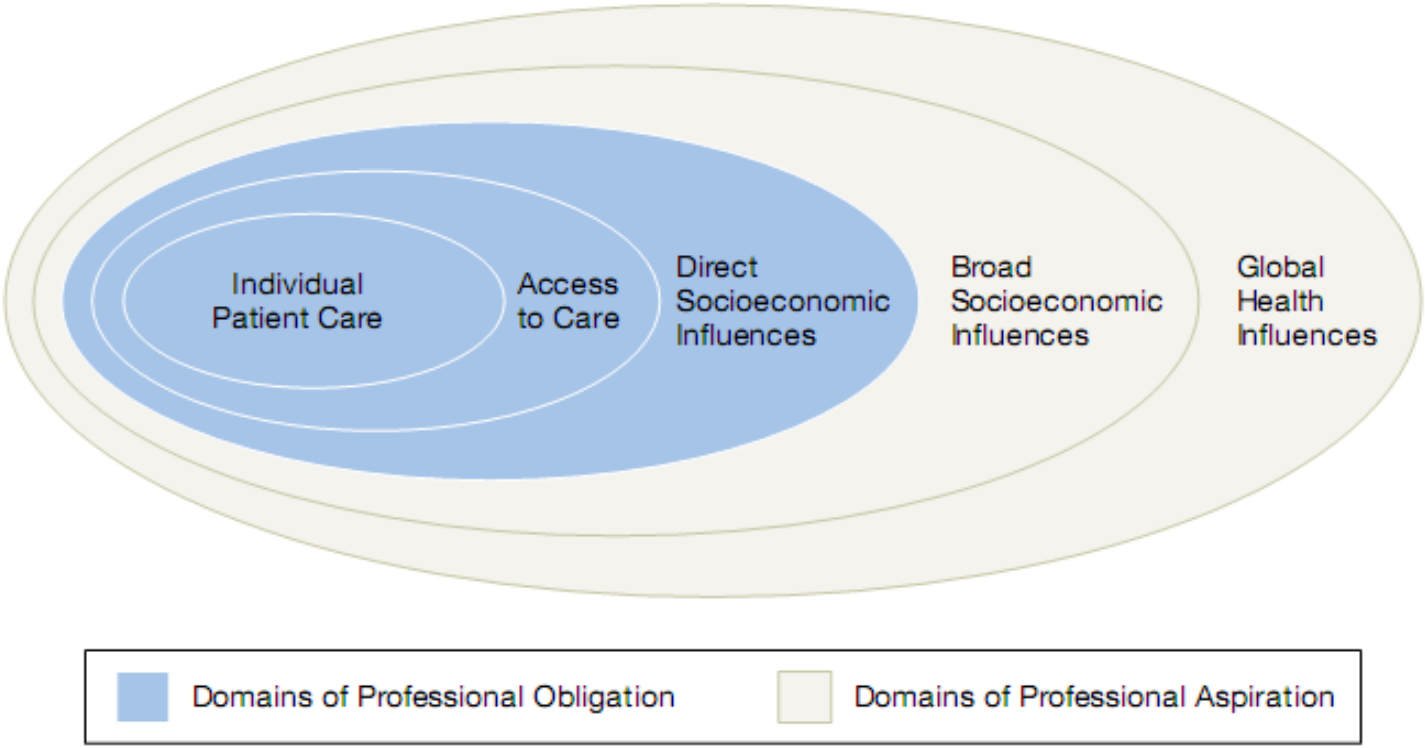
**Figure.** Model of Physician Responsibility in Relation to Influences on Health




Gruen RL et al. JAMA 2004; 291:94-98.

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# Frameworks from which to teach Advocacy

# Earnest's Framework for Advocacy

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Based on Earnest et al:

1. Identify a problem amenable to advocacy
2. Define the problem and its scope
3. Identify and engage strategic partners
4. Develop a strategic action plan
5. Communicate an effective message

Earnest MA et al. Acad Med 2010; 85: 63-67.

# The “Think Like a Doctor” Framework

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- Assess the Facts (History and Findings)
- Identify the Problem (Diagnosis)
- Propose a Solution (Treatment Plan)

Woolhouse, Susan and Carol Herbert, “Advocacy and Gender,” Presentation to Gender and Health Course, University of Western Ontario School of Medicine, 2011.

# Teaching Advocacy

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*"[Advocacy] is something*
*that's still not taught very much didactically*
*during our lectures or clinical rotations,*
*so we often seek to get that experience through our extracurricular involvement,*
*but then students report having difficulties*
*getting leave to pursue these activities."*

– Noura Hassan, president CFMS

Belluz J. The new advocacy. Medical Post, Oct 18, 2011. P. 9-10

# Approaches to Teaching Advocacy

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- Didactic
- Critical Reflection – e.g. portfolios
- Problem-Based Learning
- Role Modeling
- Clinical Experience
- Practical Application and Community Experiences

# Challenges in Teaching Advocacy

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- Broad scope
- Often intangible definition
- Dichotomization of role
- Other demands on trainee and staff time
- Prioritization of academic success rather than community-oriented service
- Lack of remuneration
- Fear of political or institutional criticism
- A culture of “hard science” and clear data,

Earnest MA, Wong SL, Federico SG. Acad Med 2010;85(1):63–7
Verma S, Flynn L, Seguin R. Acad Med 2005;80(1):103–5

# Key Pedagogical Challenges in Teaching Advocacy

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- Teacher-student discrepancies in *when* advocacy is being taught
- Lack of understanding of to *whom* teaching should be directed
- Absence of structured curricula
- Absence of clear parameters for evaluation of competency
- Incongruence between formal, informal, and hidden curricula

Verma S, Flynn L, Seguin R. Acad Med 2005;80(1):103–5
Oadansen IF. Acad Med 2005;80(10 suppl):S38–S41.

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# Small Groups

# Small groups

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Provide an example of teaching about advocacy as a medical educator.

1. What about your teaching was effective? What wasn't?
2. What were the barriers & enablers to effective teaching in this situation?
3. What would you have done differently?

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# Examples of Teaching Advocacy

# Our examples

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1. Family Medicine residency with a health equity focus at Markham Stouffville Hospital
2. Poverty and health: From first year to graduation
3. Marginalized populations curriculum in Internal Medicine at St. Michael's Hospital
4. Global health seminar for clinical clerks during Family Medicine block
5. Inter-professional inner city health elective at St. Michael's Hospital

# #1: UT DFCM Markham Stouffville Hospital

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| | | | | | |
|---|---|---|---|---|---|
| 2011 | Jan | Refugee health | 2012 | Jan | Education |
| | Feb | Poverty | | Feb | Immigrant health |
| | Mar | Women's health | | Mar | Maternal health |
| | Apr | Mental health | | Apr | Child health & development |
| | May | Environment & ecosystems | | May | Humanitarian emergencies |
| | Jun | Health systems | | Jun | Ethics |
| | Sep | Peace and conflict | | Sep | Working conditions |
| | Oct | Aboriginal health | | Oct | Primary Care |
| | Nov | Malaria & neglected diseases | | Nov | Food & Hunger |
| | Dec | Tuberculosis | | Dec | HIV |

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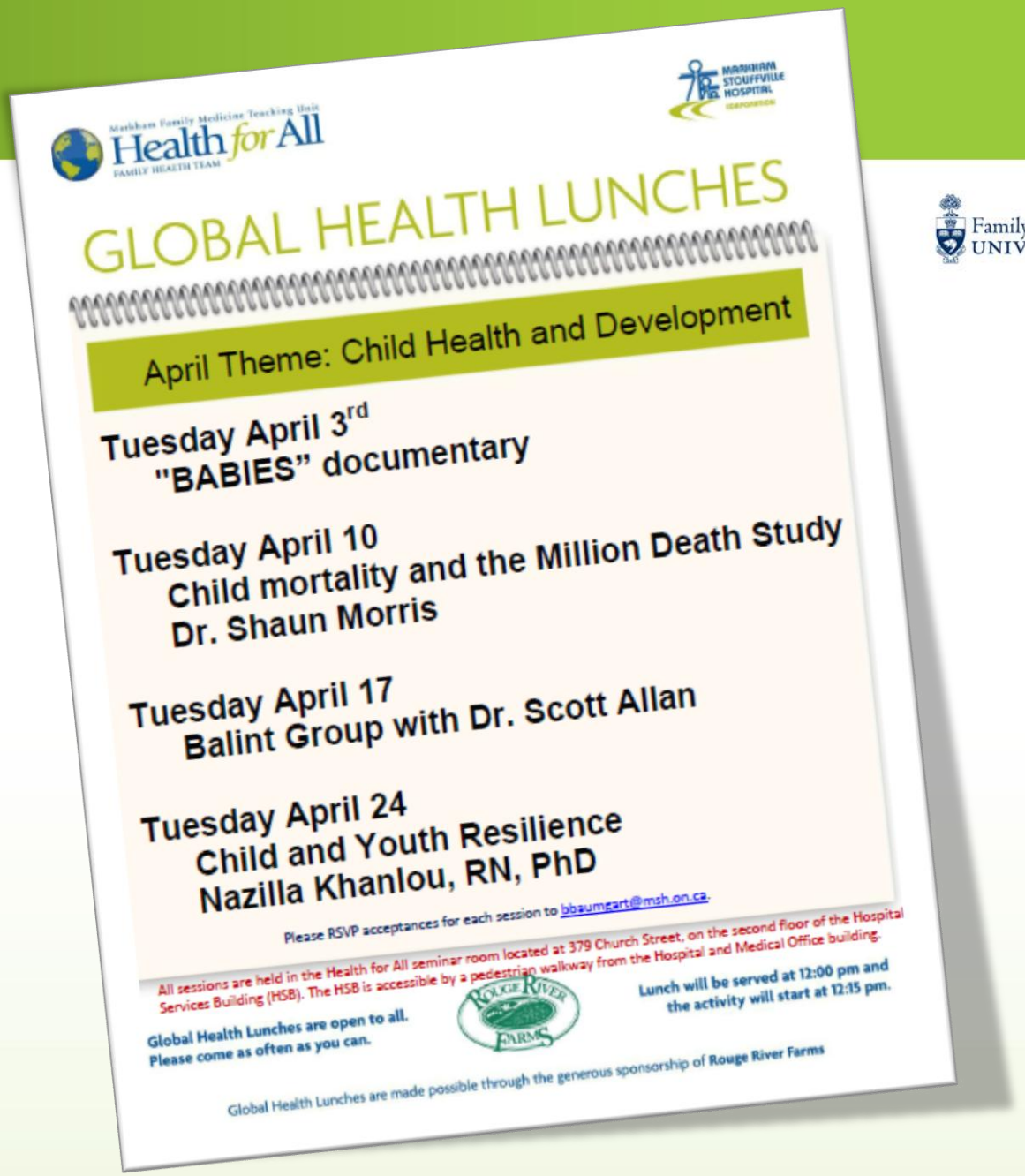

Markham Family Medicine Teaching Unit
Health for All
FAMILY HEALTH TEAM

MARKHAM STOUFFVILLE HOSPITAL

# GLOBAL HEALTH LUNCHES

## April Theme: Child Health and Development

**Tuesday April 3rd**
**"BABIES" documentary**

**Tuesday April 10**
**Child mortality and the Million Death Study**
**Dr. Shaun Morris**

**Tuesday April 17**
**Balint Group with Dr. Scott Allan**

**Tuesday April 24**
**Child and Youth Resilience**
**Nazilla Khanlou, RN, PhD**

Please RSVP acceptances for each session to bbaumgart@msh.on.ca.

All sessions are held in the Health for All seminar room located at 379 Church Street, on the second floor of the Hospital Services Building (HSB). The HSB is accessible by a pedestrian walkway from the Hospital and Medical Office building.

**Global Health Lunches are open to all.**
**Please come as often as you can.**

ROUGE RIVER FARMS

**Lunch will be served at 12:00 pm and the activity will start at 12:15 pm.**

Global Health Lunches are made possible through the generous sponsorship of **Rouge River Farms**

# #2: Poverty and health: From first year to graduation

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## A Novel Approach to Teaching about Poverty and Advocacy at the University of Toronto

- Traditionally:  Poverty taught as a health risk:
  - Some evidence on health impacts
  - Moral exhortations to act
- The Challenge:  How to frame poverty and action on poverty as core to medical practice

# A new approach

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1a. Use familiar language: Frame Poverty as a traditional medical risk factor ….

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# 1b. Make a solid argument grounded in accepted frameworks of analysis:

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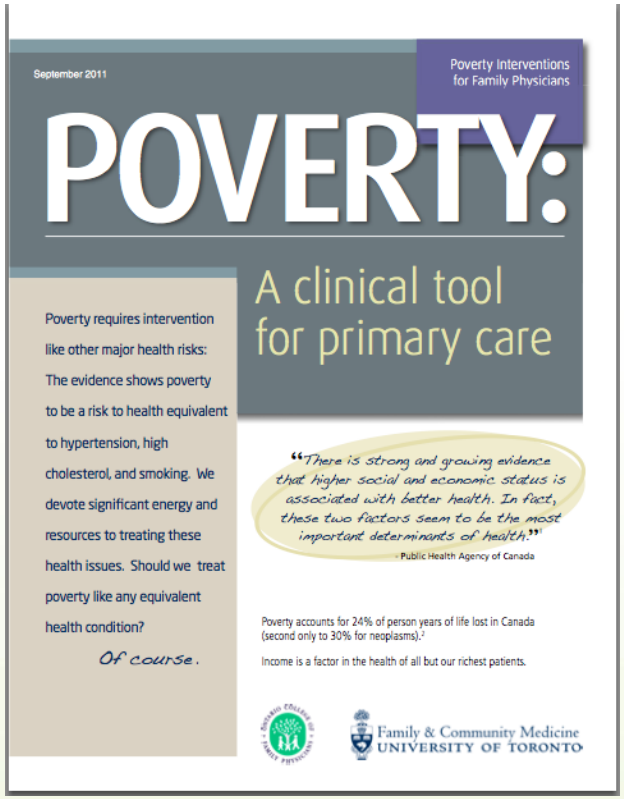
2. Start at the level of most familiarity: individual interventions -- Co-opt the familiar in an unfamiliar context



# 3. Gain legitimacy and reach: ally with respected medical organizations

St. Michael's

Inspired Care.
Inspiring Science.

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ONTARIO COLLEGE OF FAMILY PHYSICIANS

# The Curriculum

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- 1-1.5 hour talks
  - Evidence-Based argument
  - Three-Step Approach to Poverty Interventions

- 2.5-3.5 hour workshops … above plus:
  - Barriers to Interventions
  - Higher level Interventions

# Where It's Gone

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- CME:
  - Over 40 presentations and workshops
- Resident Education:
  - All UofT Family Med, some other schools
  - St. Michael's Internal Medicine
- Undergraduate Medical:
  - 7-hour Series on Poverty and Health through 4 years – mixed pedagogy including tutors with lived experience

# Where it's Gone

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- OCFP Committee on Poverty and Health:
  - Dissemination to Family Doctors Across Province
  - Access to other Ontario Medical Schools

# #2: Lessons Learned

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1. Start with the familiar, push it one step further (“Stages of Change”)
2. Get buy-in from trusted organizations to build credibility
3. Keep the arguments grounded in evidence not morality
4. Focus on do-able actions

# # 3: Developing an integrated curriculum on the health of marginalized populations

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- Inner-city hospital in downtown Toronto
- Homeless individuals: 15% of all patients seen in the ER and 3-4% of all admissions
- No structured GIM curriculum about the care needs of marginalized groups or around the SDOH
- Many faculty are actively engaged in advocacy work, but lost opportunities for mentorship

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# #3: Lessons Learned

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- Move out of the biomedical model of health and illness and beyond the familiar "reductionistic, add-a-lecture-test-for-knowledge curricular response."
- Acknowledge trainees' varied experiences with diverse populations and personal contexts
- Teach advocacy skills that broaden in scope and depth as trainees progress through their training.
- Incorporate a variety of teaching tools and methods – such as lectures, workshops, and experiential learning.

Wear D. Acad Med. 2003;78:549-554.
Flynn L & Verma S. Medical Teacher 2008; 30: e178–e183
Pottie, K, Hostland S. Can Fam Physician 2007;53:1923-1926.

# #4: Global Health Seminars for FM Clerkship

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- A mandatory half-day session on global health (the health of marginalized populations both in Canada and abroad)
- Didactic session highlighting:
  - The definition of global health
  - How family physicians engage in global health
  - The need to take a population perspective to addressing concerns about the social determinants of health.
- Two small-group case studies:
  - Patient with DMII; First Nations: Ties historical processes like colonialism and current SDOH; links SDOH & DM; discusses management onn and off reserve
  - Pt (Refugee claimant) with abnormal Pap: discussion of insruance, access to health, status as an SDOH, cultural sensitivity
- *

# #4: Future Plans

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- Highlight examples of community mobilization
  - Kahnawake School Diabetes Prevention Project (KSDPP)
  - Immigrant Women's Health Centre
- Discuss the role of physicians in social movements
  - ‘’Social movements organized around perceived threats to health play an important role in [our] lives as advocates for change in health policies and health behaviors’’

Nathason CA. Social Movements as Catalysts for Policy Change. Journal of Health Politics, Policy and Law, 24(3), June 1999.

# #5: Inter-professional inner city health elective

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- An elective for 16 students from a variety of disciplines (family medicine, nursing, nurse practitioners, social work, dieticians, pharmacy, chiropractors, administration)
- 8 half-day modules almost entirely based within community service agencies.
- Pre-readings and further resources; brief presentations by academics, health professionals and people with lived experience; & a case study.
- Modules have included: Introduction to Inner City Health; Homelessness; Indigenous Communities in the Inner City; Food and Income Security; Youth in the Inner City; Chronic Disease Management; Mental Health and Addictions; Immigrant and Refugee Health.

# #5: Key Elements

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- Advocacy at all levels (individual, community, societal)highlighted
- Examples of broader definitions of advocacy emphasized:
  - Developing new programs in shelters
  - Improving home care
  - Expanding access to social assistance
  - Creating new programs around harm reduction

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# Summary for teaching Advocacy

# Tips for teaching advocacy

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1. Use humility and self-reflexivity
2. Start from and build on evidence (SDOH)
3. Use a structured approach
4. Use multiple pedagogical approaches
5. Model advocacy explicitly
6. Identify your champions
7. Ground teaching in do-able action
8. Encourage experiential learning

# Ensure you have a goal

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- Key competencies:
  - Theories and practice of leadership and organizational change
  - Learning reflexivity/situating oneself as a starting point
  - Understanding social movements and social change
  - Interpersonal skills and team building
  - Developing and delivering messages, including through media
  - Process of policy making: in institutions and in communities

Dharamsi S et al. Medical Teacher 2010; 32: 977-82
Earnest MA et al. Acad Med 2010; 85: 63-67.
Dworkis DA et al. Acad Med 2010; 85: 1549-50

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"Medical students need to be part
of a community of practice,
working closely with their teachers and others
in the health care system
who share a common interest and desire
to develop and advance an increasingly sophisticated
and practical sense of social responsibility."

Dharamsi S et al. The physician as health advocate: translating the quest for social responsibility into medical education and practice. Acad Med 2010; 86: 1108-1113.

# Summary

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- Advocacy is within professional, ethical & educational duties.
- Advocacy deals with power: unavoidable if we aim to change the policies of organizations, institutions & governments.
- Advocacy occurs at multiple levels & typically through networks & coalitions, not individuals.
- While challenges exist, there are growing number of examples in practice & teaching to build upon.

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Dharamsi S, Ho A, Spadafora SM, Woollard R. The physician as health advocate: Translating the quest for social responsibility into medical education and practice. Acad Med. 2011;86:1108–1113.

Dworkis DA et al. Acad Med 2010; 85: 1549-50

Earnest MA et al. Acad Med 2010; 85: 63-67.

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