How do we teach advocacy?

A forum for discussion of best practices and collaboration…

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Objectives

- Develop a greater appreciation for the need for advocacy education in family medicine
- Review existing resources, electives, and curriculum around advocacy in family medicine as well as within other disciplines
- Brainstorm possible content areas within an advocacy elective or longitudinal curriculum

Objectives

- Share ideas and best practices for how each content area is being or could be addressed within residencies or schools

- Explore possibilities for collaboration to develop and/or propagate advocacy curricular content for use nationally

Introductions

- What are your interests in advocacy?
- In what ways are you currently teaching, introducing, or weaving advocacy into your curriculum?

Advocacy Defined

the act of pleading for, supporting or recommending; active espousal

- Speak out and make a case for something important or an issue of concern
- The target is a person, group or institution that holds the power, over what the advocate wants
- Influence individual behavior or opinion, institutional or public policy and law
- System advocacy, is useful for changing "the system”

(Thanks to Alice Fornari for borrowing her definitions)

Our Mandate - RRC

Practice Management

(f) The leadership curriculum should include training to provide leadership for a clinical practice, a hospital medical staff, professional organizations, and community leadership skills to advocate for the public health.

RPS documents address leadership in medical setting and media relations, not advocacy related to community health

Our Mandate - RRC

Community Medicine

The curriculum should include:

(c) population epidemiology, and the interpretation of public health statistical information;

(h) community-based disease screening, prevention, health promotion;

(i) factors associated with differential health status among sub-populations, including racial, geographic, or socioeconomic health disparities, and the role of family physicians in reducing such gaps.

Our Mandate - RRC

Community Medicine

The program should also require that each resident participate in clinical experiences in community medicine including:

(m) experience in community health assessment;

(n) experience in developing programs to address community health priorities;

(o) community-based health education of children and adults.

Our Mandate: FM Clerkship (STFM)

At the end of the clerkship, students should be able to:

- Compare medical outcomes between countries with and without a primary care base.
- Compare the per capita health care expenditures of the United States with other countries.
- Discuss the relationship of access to primary care and health disparities.

To compare: Pediatrics

Residents must be provided structured educational experiences, with planned didactic and experiential opportunities for learning and methods of evaluation, which prepare them for the role of advocate for the health of children within the community.

Our Mandate? - ABIM

Principle of social justice.

The medical profession must promote justice in the health care system, including the fair distribution of health care resources. Physicians should work actively to eliminate discrimination in health care, whether based on race, gender, socioeconomic status, ethnicity, religion, or any other social category.

Charter on Medical Professionalism. Lancet & Annals 2/02

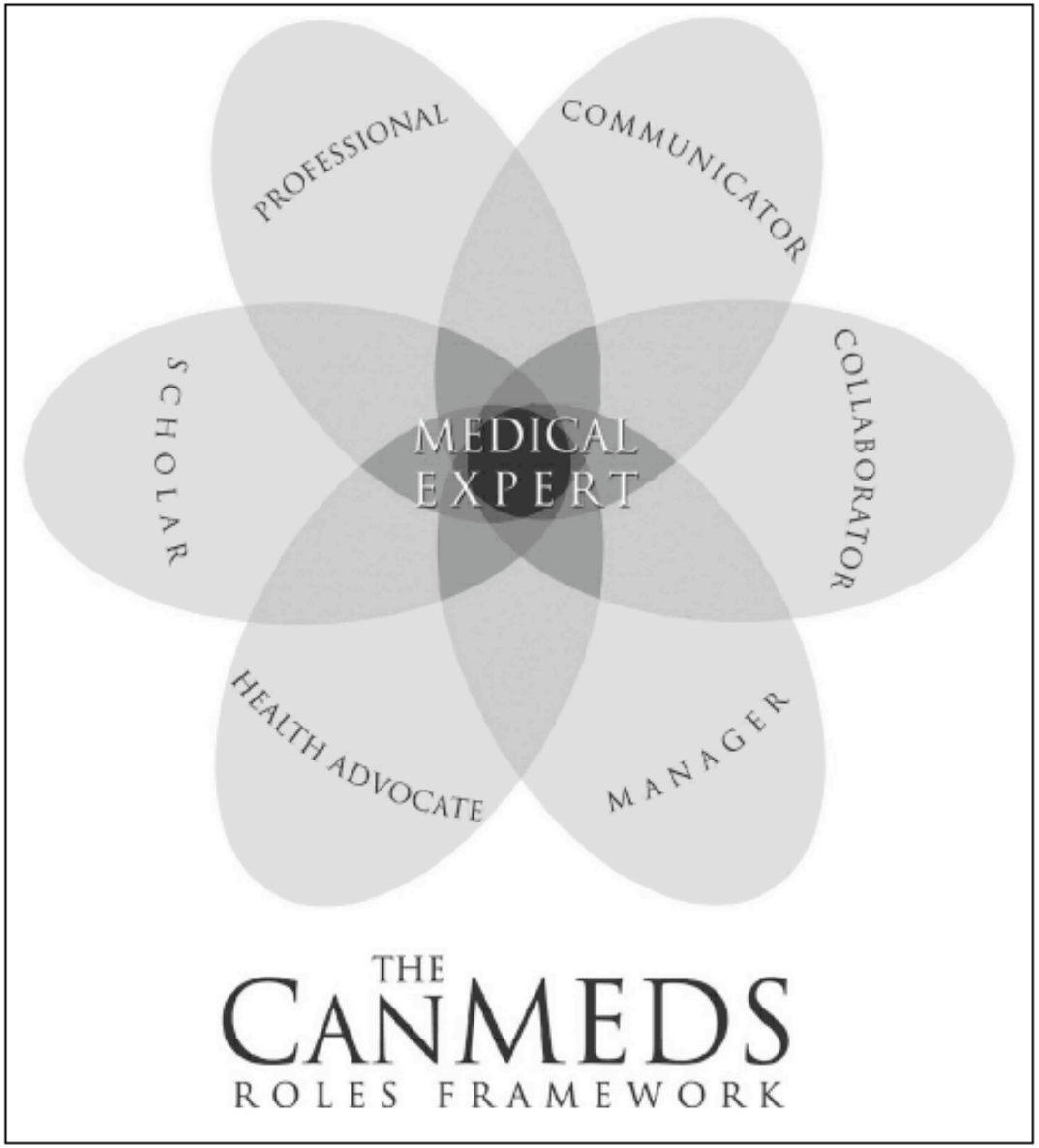

Figure 1) *The Canadian Medical Education Directives for Specialists (CanMEDS) roles framework. Coypright 2006 – reproduced with per-*

The way I see it

Our Challenges

- Busy faculty, busy residents, busy staff
- Work hour rules
- Community work is not direct patient care (Faculty RVUs, Resident reimbursement)
- BIG problems are overwhelming
- Most faculty have limited experience
- Curricular requirements are already extensive

Our Resources

- Each other
- Enthusiastic mission-oriented residents
- Some published ideas from FM
- Parent organizations

  AAFP, STFM, ACOFP, etc.
- Key mentors
- Examples from Pediatrics and IM
- FMDRL – health policy resources

A Few Examples

- UCSF School of Medicine
  - Longitudinal elective – Social Activism in Medicine
  - Coordinated with standard didactics
  - Monthly 90 min lectures by "socially active" physicians
- Montefiore Health Activism Elective
  - Medical student elective for fourth year students - October
  - Research project, didactics, physician role models
- Public Citizen – Health Research Group
  - Online listing of health activist courses & curricula
  - http://www.citizen.org/hrg/activistcour/index.cfm

A Few More Examples

- Albert Einstein COM – FM Clerkship
  - Intentional advocacy focus to community projects
  - Part of FM clerkship for all students
  - Projects in pairs, "advocacy outcomes"
  - Presentation on FMDRL

- UNM FM Clerkship
  - 17 hours of health policy, advocacy, public health
  - Trip to state legislature
  - Community project – ½ day per week
  - Public health skill stations (2) in OSCE

A Useful How-To

"Media Advocacy for the Office-Based Teacher…"

- Family Medicine, January 2001. Sean David, MD
- Strategic use of mass media to inform public policy
- Designed as tool to make change based on traditional COPC project needs assessment

"Residents and students will not only learn by example from short-term involvement in media advocacy but are likely to be empowered to become more civically active in their future practice communities."

In Other Disciplines…

- AAP Community Pediatrics Initiative
  - Grants to pilot innovative community peds curricula with a focus on advocacy training and community partnerships
  - Online database of advocacy training in peds residencies
  - http://www.aap.org/commpeds/cpti/

- University of Colorado IM Residency
  - Longitudinal curriculum
  - Didactics and group advocacy project
  - Optional block elective

Other Ideas

Summarized from Health Policy Preconference STFM May, 2008

- "Advocacy Day"
- Share stories ("case") of patients' needs
- Health Policy e-mail group
- Lecture on history of health care coverage & policy
- Bring in advocates
- Role of medical societies in advocacy
- "Structured debate"
- Ask State Academy to come to teach
- Write "letter to editor"
- Voter registration drive

Your Turn! – Shout Out

- In what format or with which methods could a curriculum in advocacy be introduced or enhanced in medical school or residency settings?
- What knowledge areas should be covered?
- What skills should be developed?
- What attitudes should be explored?

Your Turn – Individual / Small Group

- What are you doing in your home program?
- How could this be enhanced / developed further?
- What are you barriers?
- What or who are your resources – both internal and in the community?

Now What?

- Be the change…
- Collaboration??
- Your feedback

Ideas Generated - 11/1/09

FORMAT:

Three year advocacy track (ex. Rochester FMR)

Longitudinal teaching – handful of sessions/year

Group / class projects
"Sign – out" projects when classes graduate

One time training: California AFP Advocacy day

Ideas Generated – 11/1/09

Specific Skills or Interventions:

Letter or Email writing to legislators

Volunteer time requirement – 8 hrs / year

Invite legislators to office / residency

Required action on AAFP legislative alerts

Invite lobbyists to visit to discuss issues, skills

Media training – practice and feedback on letter writing, giving TV or Radio interview

Ideas Generated 11/1/09

Discussion also ensued:

Intrinsic to a useful message is having accurate data – about issues, about your community, etc. Discussed importance of learning how to gather local data and analyze yourself and/or be aware of available data sources: public health dept, Graham Center, etc.

Ideas Generated 11/1/09

More discussion:

Some concern that many residents and students are too overwhelmed with "the basics" to be able to devote time and energy to an advocacy project. The concept of exposure to ideas as opposed to required action was discussed.

These topics seemed perhaps more feasible to address in a 4 year curriculum

Ideas Generated – 11/1/09

Discussed importance of collaborating with community – not only to ensure success of project but also to acknowledge that as physicians we often have limited time to devote to advocacy work

Attendees included: 2 program directors, several residency and student faculty, one resident, two fourth year medical students.