

# Physician Advocacy: What is it and how do we train for it?

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## Objectives

- Differentiate between a health care agent and a health care advocate
- Define skills and training needed for advocacy at the local, state, or federal levels
- Describe targets for the levels of patient, practice, or community advocacy
- Generate ideas of health advocacy for residency curricula

# What is Advocacy?

- Miriam Webster: “the act or process of supporting a cause or proposal”
- AMA: “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 expertise”
- Oandansen, 2005: “purposeful actions by health professionals to address determinants of health which negatively impact individuals and communities by either informing those who can enact change by initiating, mobilizing, and organizing activities to make change happen, with or on behalf of the individuals or communities with whom the health professionals work.”
- Earnest, 2010: “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.”

# Preliminary Trainee Data

- What % of trainees feel comfortable defining advocacy?

# Does Advocacy Matter?

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- Complex medical system
- Poor outcomes at increased costs
  
- Reduce burnout?
- Increase professional satisfaction?

# Who Advocates in Healthcare?

- Agent: advocacy within the patient encounter
- Activist: advocacy within the social system

Dobson et al. 2012

# Mechanisms of Advocating in Healthcare?

- Direct: researching/disseminating information, propose/plan/enact solutions to problems within communities
- Indirect: letters, phone calls, signing protests

# Levels of Advocacy

- Local/Community
- State
- Federal

# Levels of Advocacy

- Patient
  - Clinical
  - Paraclinical
- Practice
  - Practice Quality Improvement
- Community/System
  - Activism
  - Knowledge Exchange

# Advocacy within Residency

# Advocacy within Residency



## CANADA

1. Respond to individual patient health needs and issues as part of patient care
  - Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
2. Respond to the health needs of the communities that they serve
  - Appreciate the possibility of competing interests between the communities served and other populations
3. Identify the determinants of health for the populations that they serve
  - Identify vulnerable or marginalized populations within those served and respond appropriately
4. Promote the health of individual patients, communities, and populations
  - Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism

## US



# Preliminary CERA Data

# Preliminary Trainee Data

# A Programmatic Example



## Small Group Discussion

- What are 1-2 innovative programmatic ideas from your residency program?
  - Turn to 2-3 of your neighbors

## Large Group Discussion

# Kern's Components of Curriculum

- 1) Problem Identification and General Needs Assessment
- 2) Needs assessment for targeted learners
- 3) Goals and objectives
- 4) Educational Strategies
- 5) Implementation
- 6) Evaluation and Feedback

# Advocacy Curriculum Goals

- 1) Gain an understanding of the complex system of health care, including its limitations
- 2) learn how to affect positive changes within this system

# What Defines Strong Curricula?

1. Explicit
2. Theoretically-informed and practically-applicable
  1. Teaching the various definitions and broad scope of advocacy
  2. Developing communication skills
3. Varied and unique teaching models
  1. Didactics
  2. Problem-based learning
  3. Experiential (e.g. service-learning)
4. Unique, interdisciplinary partnerships
5. Create valuable ways of assessment
  1. What can be meaningfully measured?
  2. What is appropriate and necessary to measure?

# Community Relationships

- “Health advocacy as an activity you do with others rather than for others”
  - Physicians are not the advocate, but partners
    - Allows empowerment, sustainability, engagement
  - Diverse teams have various strengths to bring to the table
  - Allows independent and community operation

## Barriers from Residents

- Interest
- Other learning expectations
- No remuneration/time-incorporation

## Barriers from Faculty

- Experience/Preparedness
- Resources
- Time to teach/assess
- Not ACGME-required

# Resources for Curricula

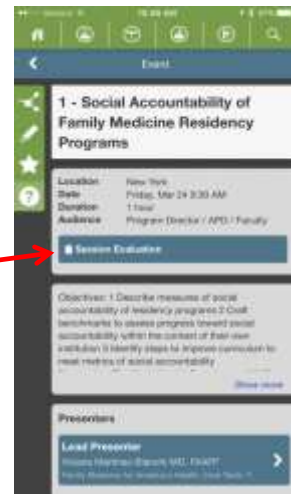
- [www.stfm.org/Advocacy/AdvocacyToolkit](http://www.stfm.org/Advocacy/AdvocacyToolkit)
- [http://www.stfm.org/OnlineCourses/LeadingChange Course](http://www.stfm.org/OnlineCourses/LeadingChangeCourse)
- [www.stfm.org/Advocacy/CAFMAAdvocacyNetwork](http://www.stfm.org/Advocacy/CAFMAAdvocacyNetwork)
- <http://www.aafp.org/advocacy/involved/toolkit.html>
- <http://stepup.ucsf.edu/>

# Wrap-Up

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Please...  
Complete the  
session evaluation.  
Thank you.





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