Advocacy Training in Medical Education

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Disclosure
Dr. Elizabeth Hanson and Dr. Ryan Van Ramshorst have no relationships with commercial companies to disclose

Learning Objectives
At the end of this presentation the participant will be able to:
• Define physician advocacy
• Define social determinants of health and discuss how they relate to physician advocacy
• List strategies for teaching advocacy skills to trainees
• Identify opportunities for advocacy in their own patient population

Outline
• Definitions
  – Advocacy
  – Community Pediatrics
  – Social Determinants of Health
• Teaching Advocacy
  – ACGME and RRC
  – Goals and Objectives
  – Models of Curricula
  – UTHSCSA Advocacy Curriculum

UIA

Big Ticket Item:
Prevent Preterm Birth
Definitions

- Physician Advocacy
- Community Pediatrics
- Social Determinants of Health

Advocacy

Advocacy: My Definition

- “Ad” – as in addition, adding or giving something
- “voc” – as in voice
- “acy” – to make it sound good in English
- In other words, giving voice to someone who doesn’t really have one…like a child!

Defining Advocacy for Physicians

“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”


Defining Advocacy for Curricula

“To speak up, to plead or to champion for a cause while applying professional expertise and leadership to support the efforts on individual (patient or family), community, and legislative/policy levels, which result in the improved quality of life for individuals, families, or communities”


Defining Advocacy for Pediatricians

“Promoting the health and well-being of all children in the communities they serve.”

“Often, the most difficult aspect of advocacy lies in finding an issue about which one is passionate and taking the first steps to address the issue.”

More About Advocacy

- Widespread acceptance of advocacy as a professional obligation
- Embraced by professional organizations
  - American Academy of Pediatrics
  - Texas Pediatric Society
  - American Association of Medical Colleges
- Described in the AMA Code of Medical Ethics
- Advocacy training for pediatric residents required by the ACGME

Levels of Physician Advocacy

“When advocating for the best interest of the child and family, addressing risk factors at the individual, family, and community level is optimal.”

Additional levels: county, state, federal, international


Community Pediatrics

Commitment to collaborate with community
Synthesis of clinical practice and public health

Social Determinants of Health

Virchow’s Triad

Dr. Rudolf Virchow

Social Determinants of Health

<table>
<thead>
<tr>
<th>Access to Health Care</th>
<th>Public Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socioeconomics</td>
<td>Language/Literacy</td>
</tr>
<tr>
<td>Race &amp; Ethnicity</td>
<td>Availability of Community Resources</td>
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<tr>
<td>Gender</td>
<td>Social Norms &amp; Attitudes</td>
</tr>
<tr>
<td>Culture</td>
<td>Access to Media &amp; Technology</td>
</tr>
<tr>
<td>Education</td>
<td>Transportation</td>
</tr>
<tr>
<td>Location</td>
<td>Immigration Status</td>
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Social Determinants and WHO

Closing the gap in a generation
Reducing health inequalities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale.


Under-5 Mortality by Location


Virchow: Founder of Social Medicine

“Medicine is a social science...The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction.”

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Advocacy and ACGME

– Health Policy and its implications
– Knowledge of community infrastructure
– Culturally sensitive histories
– Identification of needs
– Working with community partners
– Patient Safety
– Quality Improvement
– Social Determinants of Health
– Identifying appropriate resources
– Matching patients with Resources
– Leadership
– Duties to care

Common Program Requirements

1997: “structured educational experiences that prepare residents for the role of advocate for the health of children within the community”

2013: “ambulatory experiences (two) to include elements of community pediatrics and child advocacy”

Goals and Objectives

Community Pediatrics Training Initiative (CPTI)
- National program of the AAP, Est. 1997
- Mission: to empower future pediatricians to become leaders and advocates
- Provide resources for residents and faculty
  - CATCH Grants
- Developed 8 domains of community pediatrics, each with defined goals and objectives

CPTI Community Pediatrics Domains

<table>
<thead>
<tr>
<th>Domain</th>
<th>Goal</th>
<th>Objectives</th>
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<tbody>
<tr>
<td>Medical Home</td>
<td></td>
<td></td>
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<tr>
<td>Child Advocacy</td>
<td></td>
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<tr>
<td>Cultural Effective Care</td>
<td></td>
<td></td>
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<tr>
<td>Special Populations</td>
<td>Competency in the care of children in special populations</td>
<td>1. Identify children in special populations with increased health risks</td>
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<td></td>
<td>- Special health care needs</td>
<td>2. Screen for risks specific to defined special populations</td>
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<tr>
<td></td>
<td>- Foster Care/Adoption</td>
<td>3. Demonstrate a working knowledge of special issues for these populations</td>
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<tr>
<td></td>
<td>- Homeless</td>
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<td></td>
<td>- Immigrants/refugees</td>
<td>- Psychosocial</td>
</tr>
<tr>
<td>Education/Child Care Settings</td>
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<td>- Legal</td>
</tr>
<tr>
<td>Inquiry and Applications</td>
<td></td>
<td>- Policies</td>
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<td>- Available services</td>
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Goals and Objectives part deux

- CPTI guidelines did not use a specific methodology to establish consensus
- Wright et al (2005): Delphi study with 36 leaders in advocacy and resident education

Advocacy Objectives Delphi Study

What are the Knowledge, Skills, and Attitudes a resident should demonstrate after completing advocacy training?

Delphi Study

- Qualitative research technique
- Develop consensus among group of experts without face-to-face meeting
- Series of questionnaires with controlled feedback from researchers
- Convergence of responses over multiple rounds

Advocacy Delphi Study

### Knowledge Objectives

<table>
<thead>
<tr>
<th>Level</th>
<th>Top 3 Objectives (Avg. Rank)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>• Barriers to access (7)</td>
</tr>
<tr>
<td></td>
<td>• Community resources (6.1)</td>
</tr>
<tr>
<td></td>
<td>• Societal/cultural influences on health (6)</td>
</tr>
<tr>
<td>Community</td>
<td>• Local community characteristics (6)</td>
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<tr>
<td></td>
<td>• Basic public health system and the strengths &amp; weaknesses in promoting health (5.9)</td>
</tr>
<tr>
<td></td>
<td>• Linkages between demographic factors (5.8)</td>
</tr>
<tr>
<td>Policy</td>
<td>• How to access government leaders (6.6)</td>
</tr>
<tr>
<td></td>
<td>• Components of Legislative Advocacy (6.3)</td>
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<td></td>
<td>• How the legislative process works (6.0)</td>
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### Skills Objectives

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<thead>
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<tbody>
<tr>
<td>Patient</td>
<td>• Assess patient’s and family’s assets and needs (5.2)</td>
</tr>
<tr>
<td></td>
<td>• Screen for issues affecting child health (ie food, housing) (5.1)</td>
</tr>
<tr>
<td></td>
<td>• Work collaboratively with patients, families, and community agencies (5.0)</td>
</tr>
<tr>
<td>Community</td>
<td>• Access community resources (4.6)</td>
</tr>
<tr>
<td></td>
<td>• Reach out on behalf of patients to other components of health system and agencies (4.4)</td>
</tr>
<tr>
<td></td>
<td>• Plan actions necessary to bring about desired change (4.3)</td>
</tr>
<tr>
<td>Policy</td>
<td>• Participate in ongoing advocacy efforts within hospital, professional groups, or grassroots efforts (6.7)</td>
</tr>
<tr>
<td></td>
<td>• Describe the issues to others in understandable language (6.6)</td>
</tr>
<tr>
<td></td>
<td>• Work and collaborate with others (6.0)</td>
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### Attitude Objectives

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<td>Patient</td>
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### Advocacy Curriculum Models

- **Block**
- **Integrated**
- **Longitudinal**

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**Block**
- One month/Rotation
- Pro: Easier to protect time, coordinate activities
- Con: Not related to clinical work, may come late in training
- **Integrated**
- **Longitudinal**
Advocacy Curriculum Models

- **Block**
  - Integrated into ambulatory rotations (WIC, Adol)
  - 8-10 core topic areas each with an online module and an experimental element

- **Integrated**
  - Food and Hunger
  - School Health and Nutrition

- **Longitudinal**
  - Child Abuse
  - Environmental Health
  - Juvenile Justice
  - MLAP and Physician Letter Writing
  - Advocacy Project/Capstone Experience in PL-3 Year

**Pros:** “best of both worlds”

**Cons:** Difficult to schedule – finding protected time away from other duties/call, coordinating with community agencies

UTHSCSA Advocacy Curriculum

**Objectives:**

- To improve resident attitudes regarding competence and comfort with child advocacy and community health topics
- To improve resident knowledge of advocacy topics and community resources
- To improve resident skill at advocating for their continuity clinic patients, including their ability to elicit the relevant history and make appropriate referrals

UTHSCSA Advocacy Curriculum

- **Longitudinal**
  - Integrated into ambulatory rotations (WIC, Adol)
  - 8-10 core topic areas each with an online module and an experimental element

- **Chunks of protected/dedicated time integrated into other rotations**

- **Pros:** “best of both worlds”

- **Cons:** Difficult to schedule – finding protected time away from other duties/call, coordinating with community agencies

Juvenile Justice Module

- **Overview**

- **Community Roles and Advocacy**
  - UTHSCSA Advocacy Curriculum
  - School Education and Bilingual Services

- **Overview of Advocacy Module**

- **Integrated into Adolescent rotation**

- **Objectives**
  - First advocacy experience to “go live”
  - Joint leadership: UTHSCSA faculty and Bexar County Juvenile Probation Department (BCJPD)
  - Integrated into the Adolescent rotation

Juvenile Justice

- **First advocacy experience to “go live”**
- Joint leadership: UTHSCSA faculty and Bexar County Juvenile Probation Department (BCJPD)
- **Objectives**
  - Inform residents on the social and health risks of youth in the juvenile justice system and the resources available to mitigate these risks
  - Build partnerships for future advocacy projects.

Juvenile Justice Experience

- **Overview of Advocacy Module**

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Juvenile Justice Module

Special Health Concerns

Challenges

• Engaging residents and faculty
• Carving out protected time
• Timing and logistics of implementation
• Evaluation

"...It's easy to say 'It's not my child, not my community, not my world, not my problem. Then there are those who see the need and respond. I consider those people my heroes" - Fred Rogers

Summary

• Advocacy is an important and essential piece of pediatrics and pediatric training
• Consensus guidelines exist for the goals and objectives of resident advocacy training
• A variety of curricular models exist
• We are excited to be expanding our advocacy training at UTHSCA and look forward to partnering with you all!

References