Advocating for the Advocacy Role in Undergraduate Medical Education

CLIC Conference 2016
October 17, 2016

James Owen, Malika Sharma, Azi Moaveni, Karen Weyman, Philip Berger, Sharonie Valin, Stacey Bernstein
Disclosure of Commercial Support

• This program has not received any financial support.
• This program has received in-kind support from the Department of Family and Community Medicine and the University of Toronto MD Program in the form of logistical and statistical support.

• Potential for conflict(s) of interest:
  – None
Faculty/Presenter Disclosure

• Faculty: James Owen, Malika Sharma, Azi Moaveni, Karen Weyman, Philip Berger, Sharonie Valin, Stacey Bernstein

• Relationships with commercial interests:
  – None
Objectives

By the end of today’s workshop, participants will be able to:

1. Develop a framework for thinking about competency in advocacy
2. Describe the impact of clinical experiences on advocacy
3. Recognize the value of mentoring, role modeling and reflection in teaching advocacy
4. Begin to formulate a curriculum to teach advocacy to medical learners
What would you like to take away from today’s workshop?
What is Health Advocacy?
What is Health Advocacy?

• There are clearly many definitions of health advocacy
• There are many terms that are used inconsistently and sometimes confusingly
Health Advocacy

Action by a [worker in health] 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."

Different Understanding of Health Advocacy

- Advocacy
- Social Responsibility
- Social Accountability
- Agency
- Activism
Varied understandings: Civic Professionalism

Culture of “civic professionalism” in which physicians feel not only an individual obligation to their patients but also a collective obligation to local and global communities.

The Future of Medical Education in Canada: A Collective Vision for MD Education, Jan 2010
Social Responsibility

- Operationalizes the principle of working towards societal welfare or the ‘common good,’
- Stemming primarily from core values underpinning a physician’s role in society rather than from legislative mandate

Social Accountability

• Similar goals to social responsibility
• Implies that physicians (and the institutions that educate them) must be held accountable to society to ensure that societal needs are being met through research, education, and service provision
Social Accountability

• Health quality
• Equity
• Relevance
• Effectiveness
• Advocacy
• Reducing mismatch with societal priorities
• Providing evidence of impact on health status
• Is measured & measurable

Global Consensus for Social Accountability of Medical Schools, 2010
Health Advocacy in Medical Education

The Canadian Context
Future of Medical Education in Canada

Recommendation I:
Address Individual and Community Needs

Social responsibility and accountability are core values underpinning the roles of Canadian physicians and Faculties of Medicine. This commitment means that, both individually and collectively, physicians and faculties must respond to the diverse needs of individuals and communities throughout Canada, as well as meet international responsibilities to the global community.

The Future of Medical Education in Canada: A Collective Vision for MD Education, Jan 2010
“As Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change.”
Health Advocacy in Medical Education

The International Context
ACGME

Systems-based Practice

— “Residents are expected to ... advocate for quality patient care and optimal patient care systems.”
Is health advocacy considered a core competency in your medical education setting?
Can we *teach* health advocacy?
Introduce yourself to your neighbour and share a challenge you have experienced teaching the health advocate role to medical students.
Advocacy: Challenges for teachers

- Difficult to teach and evaluate
- Broad scope of the topic
- Lack of a clear, universal, or accepted definition
- Lack of remuneration
- Fear of political or institutional criticism
- Hard to identify in clinical rotations unless made explicit

Challenges in Teaching Advocacy

• Advocacy ... at what level?
• Advocacy ... to do what?
• Advocacy ... at what scale?
Advocacy: At Different Levels

**Individual-level advocacy**

- (e.g. access to care, providing high quality service)
- Well accepted, even by critics
- Some would argue this is merely standard of care

**Community- or societal-level advocacy**

- Controversial for some
Maybe it’s semantics...

Conflicting beliefs around Health Advocate role:

- Beyond capacity of most MDs
- Indistinguishable from daily practice

Complementary but Dissimilar Roles

Agency
- Individual Patients
- Agent = Navigator
- “working the system”

Activism
- Communities & Populations
- SDOH
- Legacy
- “changing the system”

Learning Advocacy at University of Toronto Medical School

• Health Advocacy Faculty Lead

• Preclerkship

  – Advocacy as a longitudinal theme in training:
    • Integration into cases
    • Specific workshops, integrated with courses such as *Community, Population and Public Health*
    • Defined objectives
    • Evaluation, including Portfolio course
Learning Advocacy at University of Toronto Medical School

• Clerkship
  – Evaluation
    • Longstanding component of final clinical evaluation form for each clerkship rotation
  – Longitudinal Integrated Clerkship (LInC)
    • LInC patient panel must include at least one “advocacy patient”
  – Family Medicine Advocacy Project
Advocacy Project

• Third-year clerkship
• Students identify a patient for whom social factors are significantly impacting his/her health
• Research and implement an advocacy plan for the patient and a systems-level intervention over approximately 4-5 months
• Present and reflect on advocacy experience
• Largely self-directed with faculty guidance, often involving other health professionals
Advocacy Project

• Assessment
  – Structured assessment of presentations and abstracts

• Program evaluation
  – Ongoing feedback sought from students and faculty members
## Oral Presentation

<table>
<thead>
<tr>
<th>Rationale for why patient chosen and states advocacy initiative (10%)</th>
<th>UNSATIS (0-59%)</th>
<th>ACCEPTABLE (60-69%)</th>
<th>VERY GOOD (70-79%)</th>
<th>EXCELLENT (80-100%)</th>
<th>SCORE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not address significance of why project is done.</td>
<td>Mentions why project is chosen.</td>
<td>Covers why patient is chosen and relates significance to family medicine clerkship experience. Covers advocacy initiative and why it was chosen.</td>
<td>Clear presentation outlines why patient was chosen, importance to student, and relates significance to family medicine clerkship experience. Clearly covers advocacy initiative and why it was chosen.</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td>Does not relate circumstances to patient health</td>
<td>Documents limited factors affecting patient’s health.</td>
<td>Reviews external factors affecting patient’s health. Describes the impact of these factors in patient’s life and compared to what patient thinks is most important.</td>
<td>Well researched and comprehensive review of external factors affecting patient’s health. Describes the impact of these factors in patient’s life and compares to what patient thinks is most important. Considers how these external factors may influence other, similar patients.</td>
<td>/20</td>
<td></td>
</tr>
<tr>
<td>Resources that could be used in preparing an advocacy plan for this patient (20%)</td>
<td>Does not describe what resources could be used. Limited description of what resources could be used.</td>
<td>Discusses what resource(s) were used and why. Mentions other resources that were not chosen.</td>
<td>Clear rationale for what resource(s) were used and why. Discusses why other resources were not chosen. Expands resource search beyond typical sources (e.g. online research to include direct contact with care providers (e.g. community group, social worker, lawyer, allied health professionals, civil servants).</td>
<td>/20</td>
<td></td>
</tr>
<tr>
<td>Interventions at Patient and Population Level (20%)</td>
<td>Does not describe a patient and/or population level intervention. Limited description of patient and/or population level intervention.</td>
<td>Describes their patient-level advocacy intervention and describes the role of any additional care providers who provided assistance. Performs an adequate patient-level intervention OR proposes a thoughtful intervention in appropriate detail.</td>
<td>Discusses their patient-level advocacy intervention and describes the role of any additional care providers who provided assistance. Performs an adequate patient-level intervention OR proposes a thoughtful intervention in appropriate detail.</td>
<td>/20</td>
<td></td>
</tr>
<tr>
<td>Discussion of outcome of interventions (10%)</td>
<td>Does not describe how advocacy role would be implemented. Presents limited description of action plan or outcomes.</td>
<td>Generally discusses the outcome of both the patient- and population-level interventions.</td>
<td>Clearly presents the outcome(s) of advocacy interventions, including a discussion of the impact on the patient and other similar patients in this population. Identifies the barriers to implementation of the advocacy initiative.</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td>Summary &amp; Conclusions (10%)</td>
<td>Does not summarize results and discussion. Partially summarizes results and discussion.</td>
<td>Clearly summarizes both advocacy interventions and their outcomes. Describes how the experience affected the student.</td>
<td>Clearly summarizes both interventions and their outcomes. Discusses how this advocacy project experience could be applied to other patient scenarios and future. Describes how the experience affected the student. Considers further patient- or population-level interventions that could be implemented in the future.</td>
<td>/10</td>
<td></td>
</tr>
<tr>
<td>Delivery (10%)</td>
<td>Organizes poorly, unable to follow train of thought, reads, no AV aids, unable to address question.</td>
<td>Attempts to organize information, has some difficulties following train of thought, uses some AV aids, difficulty dealing with q’s.</td>
<td>Organizes presentation well and information is easily followed, good speaking manner, effective AV aids, handles questions well, effective time management for presentation</td>
<td>/10</td>
<td></td>
</tr>
</tbody>
</table>

## Written Reflection

- How has this project changed the way you perceive and approach the health care system?
- What challenges and rewards did you experience in advocating for this patient?
- How would you apply what you have learned and/or done to a broad population/community?
- If you were to continue working on this advocacy issue, is there any further action you would take to advocate for your patient?
Advocacy Project

- 97% of faculty and students found the project to be an effective learning tool for advocacy
Primary Social Determinant of Health addressed by each project (2014-2016)

- Medication Access
- Access to Health Care/Refugee Health
- Aging
- Management of Chronic Illness
- Addiction
- Health Literacy
- Homelessness
- Food Security
- Income/Poverty
- Job Security
- Social Isolation
“We realized how complex and convoluted it was to navigate the healthcare system…”

“Advocacy is an inherent role in medicine, regardless of one’s specialty”

“Tension between the limitations of advocating for patient care on an individual level and the difficult grind that would be trying to expand OHIP eligibility for uninsured patients. I need to fully embrace both”

“I really appreciate having the opportunity to work on this…it has lit a fire in me to be looking for ways that I can advocate for other patients”

“Advocacy for patients may not always be personally rewarding, but is still important…”

“Responsibility to be knowledgeable on matters that are not entirely medical”

“CanMEDS Roles”

“Health Advocate”  “Medical Expert”  “Communicator”  “Scholar”  “Leader”  “Professional”  “Collaborator”

“When I was able to make contact with the patient I was quickly reminded of the significant barriers and past traumas she was working to overcome and had renewed motivation to reach out to her with support”

“… asking him what was most important to him and what he needed the most help with…”

“One couple who showed me a Google Translate screen with ‘Thank you for taking the time today’”

“What I learned was the importance of interprofessional collaboration in advocating for patients”

“I can only get so far before I am hindered by not collaborating with my colleagues”

“Health care truly is a team endeavour”
Project Examples
CASE: MOM-Y

- Mom-Y is a 35 year old G1 P0, at 18 weeks GA
- She lives in a rooming house, and is supported by OW
- She was born in Turkey and came to Canada in January 2014 as a refugee
- She became pregnant in April 2014, shortly before her partner left the country
- She suffers from PTSD, secondary to her experiences in Turkey, as well as Anxiety and Depression
- She does not speak English

HOW DOES HOUSING STATUS AFFECT PREGNANCY?

Adverse perinatal outcomes associated with homelessness and substance use in pregnancy

Merry Little, Rajiv Shah, Marian J. Vermeulen, Alice Gorman, Darlene Dzendoletas, Joel G. Ray

<table>
<thead>
<tr>
<th>Maternal risk factor</th>
<th>Preterm birth &lt; 37 wk Rate, % (95% CI)</th>
<th>Adjusted OR*</th>
<th>Infant birth weight &lt; 2000 g Rate, % (95% CI)</th>
<th>Adjusted OR*</th>
<th>Small for gestational age* Rate, % (95% CI)</th>
<th>Adjusted OR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homeless or underhoused</td>
<td>19.4 (1.9-6.8)</td>
<td>2.9 (1.4-6.1)</td>
<td>10.9 (3.3-17.2)</td>
<td>6.9 (2.4-20.0)</td>
<td>8.1 (4.2-10.8)</td>
<td>3.3 (1.1-10.3)</td>
</tr>
</tbody>
</table>

A (BRIEF) NOTE ON SUBSIDIZED HOUSING

“The line up of applicants waiting for subsidized housing in Toronto would now extend from the foot of Yonge Street to Parry Sound”

- Housing Connections media release (2007)

MOM-Y

- Connected with Toronto Central Intake regarding shelter access
- Connected with social worker in the OB clinic
- Would forward “housing list” of affordable listings to Mom-Y
- Mom-Y would travel to apartment viewings with or without social work
- Eventually secured an apartment for 900/month
- Currently pending ODSP approval

- Delivered baby “M” same day as refugee hearing
Baby “Martha”

- 4 month well baby visit
  - Formula fed (stopped breastfeeding after 2 months)
  - Eating solids: Formula too expensive
    - Causing constipation

Mother:
- Ontario Works
- High School Education
- History of Intimate Partner Violence
  - Previous 2 children in CAS custody
- New relationship
  - More supportive
  - Wants the best for this child

Social Determinants of Health

- Income
  - Infant mortality is 60% higher in lowest income quintile
  - Higher incidence of LBW
  - Formula Feeding $420-1422

- Early Childhood Development
  - Iron deficiency in 25% of low income moms (Montreal)
    - Poor development

- Education
  - Misconceptions: Smoking, Nutrition

Prenatal Nutrition Resources

- Community Health Centres:
  - Rexdale: Eating For Two
  - Regent Park: Parents for Better Beginnings
  - Parkdale: Parents Primary Prevention Project
  - Queen West/East York Healthy Beginnings for Healthy Babies
- Toronto South East Coalition of Perinatal Nutrition and Support Programs

Income Supplements

- Pregnancy and Breast-Feeding Nutritional Allowance
  - Infants < 12 months, OW/ODSP
  - $40/month (lactose tolerant), $50/month (intolerant)
- Form 3109
  - Reimbursed – K056 ($20)
- Poverty Tool Brochure

Action Plan

- Give sample of formula from clinic
- Call Toronto Public Health
  - 416-338-7600
    - Mon-Fri, 8:30 a.m. - 4:30 p.m.
    - Will find clinic for education, childcare, father involvement, and food supplements
- Form 3019
- Ensure she applies for CCBT and EI Family supplement
Approach to Access to Medications in Ontario

1) **Ask** All Patients
   “How do you pay for your medication?”
   “Do you have a drug insurance plan”

2) **Educate** Patients on Available Supports

3) **Collaborate** with Pharmacists and Social Workers to find solutions

4) Be **Aware of Resources** Available (see below)

5) Be **Proactive in Transitions** e.g. Trillium annual renewal, loss of employment, graduation

6) **Advocate** : calling can speed up Trillium, Advocate for A Pharmacare Program
**Special Diseases:** Any Ontarian with an Inherited Metabolic Disease, Schizophrenia, HIV, CF, Thalassemia, Gaucher Disease, Anemia after ESRD, Childhood growth failure is eligible for specific medications available under the IMD(Inherited Metabolic Drugs Program) or SDP(Special Drugs Program).

Created by Amanda Formosa, Marisa Leon-Carlyle and Louai Musa for the LInC (Longitudinal Clerkship) Advocacy Project.
Because people in Ontario have died because they were denied medical care.

#OHIPforAll
Advocacy Project – Successes & Lessons Learned

• Advocacy with medical school leadership required to implement, don’t give up!
• Linking to patient panel and longitudinal learning helped with implementation and success
• Orientation for students crucial
• Ensuring Faculty are aware of project, requires faculty development
• Roles clear on who is providing supervision for students
Advocacy Project – Successes & Lessons Learned

• Diverse range of topics, patient presentations, and student interventions
• Balanced approach with structured expectations for project, but allowing flexibility for students where possible
• Patient-centred focus of project is personally and professionally rewarding to students
• Attendance at project presentations included not just medical faculty and students but other interprofessional colleagues
Advocacy Project – Successes & Lessons Learned

• Need supportive faculty mentors to manage time and provide guidance

• Assessment: Initial abstract changed after first year to a reflective piece, with opportunity for time gap after project presentation

• Interdisciplinary involvement often required for success of projects

• Role modeling by faculty critical
Advocacy Project – Next Steps

This project has been expanded into the block clerkship, allowing all students an opportunity to participate in the advocacy project.
What do you do at your Medical School to teach health advocacy?

Discuss a success you have had personally or at your institution in teaching the health advocate role.

What made it effective?
Your Chair asks you to lead the curriculum working group to implement (or advance) a clinical experience to teach the health advocate role within your Longitudinal Integrated Clerkship.

What are a few key actions you would like to apply based on our discussion today?
Conclusion

• The physician as health advocate is a core CanMEDS and ACGME competency that has historically been challenging to teach and evaluate

• Advocacy teaching opportunities can be successfully integrated into the medical curriculum

• The LIC structure is a great opportunity for advocacy learning
Objectives

By the end of today’s workshop, participants will be able to:

1. Develop a framework for thinking about competency in advocacy
2. Describe the impact of clinical experiences on advocacy
3. Recognize the value of mentoring, role modeling and reflection in teaching advocacy
4. Begin to formulate a curriculum to teach advocacy to medical learners
References

• The Future of Medical Education in Canada: A Collective Vision for MD Education, Jan 2010.
• Global Consensus for Social Accountability of Medical Schools, 2010.
Presenter contact information

James Owen: owenj@smh.ca
Karen Weyman: weymank@smh.ca
Malika Sharma: malika.sharma@utoronto.ca
Azi Moaveni: a.moaveni@utoronto.ca