

Implementing clinical advocacy curriculum: Empowering medical students to be better advocates



Objectives

- ❖ Explain the need for **advocacy** curricula in medical education
- ❖ Discuss how a **needs assessment** informed an advocacy curriculum
- ❖ Describe how students can be **empowered** to manage social and structural health factors, such as racism, in a patient encounter

Clinical advocacy is defined as "action" to promote social, economic, educational, and political changes that ameliorate the suffering and threats to human health or well-being₁

Background

- ❖ The advocate role includes developing **partnerships** with patients/families to navigate the health care system to improve health outcomes, as well as promoting awareness of important public health issues including disease prevention, health promotion, health protection, and health **equity₂**
- ❖ Based on race, ethnicity, or socioeconomic background, our healthcare system has been proven to produce unequal outcomes for our patients. This discrepancy has been socially constructed throughout history, with no biological basis
- ❖ Advocacy, whether at an individual or policy level, is **essential to family medicine**
- ❖ At Rush Medical College, "advocate" is one of 8 roles taught in its curriculum, but **instruction is largely limited to the preclinical years**

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Methodology

- ❖ **Population:** Convenience sample of rising M3/M4 students
- ❖ **Needs assessment** of their capability, experiences, and interest in advocacy was completed and analyzed
- ❖ A team of M4 students, family physicians, and an educational specialist identified learning objectives and activities to **close the learning gaps identified**

Results

- ❖ **Needs assessment:**
 - 13% of M3s (n=16) felt they had with weak or very weak understanding and 9% of M4s (n=11) felt unskilled in identifying potential barriers to care for a patient
 - 56% of M3s and 55% of M4s reported feeling unskilled or very unskilled regarding helping patients find resources to address barriers

Please describe a clinical encounter where you advocated for a patient

Connecting to resources/services	<i>"When they didn't want to offer a patient a skilled nursing facility because they assumed that she would not be interested I advocated for the patient and suggested that she should be offered the different options and allowed to decide herself."</i>
Assisting with navigating healthcare system	<i>"I called a pediatricians office to update them that their patient (whose parents only spoke Spanish) had been hospitalized and needed specific follow up instructions/work up for their condition."</i>
Improving patient care through direct actions	<i>"A patient I had during my IM rotation for CHF exacerbation and her health was also impacted by her failure to use her CPAP for OSA. I cared for her again on my psych rotation where I was able to help address her anxiety and claustrophobia around using her CPAP machine. We practiced mindfulness techniques together and I helped to empower her to work with her sleep medicine doctors to use an alternative CPAP device."</i>

Examples of Missed Opportunities for Patient Advocacy

"A patient needed an amputation and was concerned about how that would affect his ability to keep his job. I felt as a team we could have connected him to more resources."

"I was helping to care for a patient that was homeless and suffered from heroin abuse...upon his discharge I don't feel anything was strongly put in place to help him care for himself long term."

Future Directions

- ❖ Students reported a strong desire to advocate for patients at an individual level
- ❖ **New curriculum:**
 - Give students knowledge and power to speak for patients
 - Pre-work: introduction video, articles
 - Small group session (virtual/in-person discussion): patient vignettes that help identify advocacy opportunities and essential healthcare team members, and assist patients in healthcare system navigation
- ❖ Knowledge and attitude outcomes will be assessed as the curriculum is implemented
- ❖ Students are encouraged to lean into patient problems even if they cannot quickly solve them

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References

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