Making an Advocate: Can GME curricula on advocacy shape views and future practice goals?

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Introduction

The many roles expected to be filled by both contemporary and historical physicians include that of health advocate. Health advocacy has been defined several ways. The CANMEDS framework defined the health advocate as “physicians (who) responsibly use their expertise and influence to advance the health and well-being of individual patients, communities and populations.”

Though many physicians agree that their role should include health advocacy on some level, it is often unclear how physicians are expected to acquire the knowledge, skills and experience to serve as effective social justice oriented health advocates in the fast-paced and ever evolving field of modern medicine.

This study attempts to evaluate how exposure to curriculum on advocacy influences resident and faculty views on the role of family physicians as advocates.

Methods

18 Residents and 6 faculty members in an unopposed Family Medicine Residency program in Texas were surveyed regarding beliefs on health advocacy, resident roles in advocacy, and physician roles in advocacy. Pre-intervention surveys were collected in July 2018 prior to a four lecture series on health advocacy topics including lobbying for policy change, Quality Improvement projects, supporting patients as health advocates and participating in community engagement. Residents and faculty were again surveyed in January 2019. Pre and post-intervention surveys were compared using one way ANOVA.

Results

Pre and post-intervention surveys did not show any statistically significant change when knowledge, importance and experience questions were compared among post-graduate years. Pre-participation surveys demonstrated high entry levels of importance scores regarding views on advocacy that did not significantly increase on post-intervention surveys.

Conclusions

Based on high pre- and post-participation survey scores, primary care physicians and residents in this program felt it is important for family physicians to serve as health advocates. In fact, residents and faculty highly rated the importance of health advocacy and their knowledge on advocacy. Participants may have had increased exposure to advocacy through the curriculum, but may not have reported increased knowledge or experience. Self-reported surveys do leave room for bias. Future areas of interest that would be beneficial to GME programs would include a standardized advocacy toolkit curriculum to continue igniting interest and building skills in health advocacy.

Bibliography

- STFM, Free Online Advocacy Course, Accessed online 5/21/18, http://www.stfm.org/Advocacy/AdvocacyCourses