FROM THE CLINIC TO THE COMMUNITY: THE ACTIVITIES AND ABILITIES OF EFFECTIVE HEALTH ADVOCATES

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
The CanMEDS framework
RESIDENTS:

WE ARE ALREADY DOING THIS AS PART OF OUR JOB

IT IS UNREASONABLE TO EXPECT US TO DO THIS

Verma, S., Flynn, L. & Seguin, R., 2005, Faculty's and residents' perceptions of teaching and evaluating the role of health advocate: a study at one Canadian university, Academic Medicine, 80(1), pp. 103-8.
As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.
Health Advocate

Individual

‘Working the System’

Community

‘Changing the System’
Health Advocate

Agent

Activist

‘WORKING THE SYSTEM’

‘CHANGING THE SYSTEM’
Health Advocate

Agent

Activist

GENERAL AGREEMENT

UP FOR DEBATE
What is possible for every physician?
The study

• Interviews with family and specialist physicians in BC

• Community agency or colleague identified physician as an activist (working to ‘change the system’)

• 10 semi-structured in-depth interviews approx. 60 minutes
Years in practice

- <5
- 5-9
- 15-19
- >20
ADVOCACY ACTIVITIES

PATIENT LEVEL

CLINICAL AGENCY

PARACLINICAL AGENCY

PRACTICE LEVEL

PRACTICE QUALITY IMPROVEMENT

COMMUNITY/SYSTEM LEVEL

ACTIVISM

KNOWLEDGE EXCHANGE
# Advocacy Abilities

<table>
<thead>
<tr>
<th>Ability</th>
<th>Example of ability put into practice</th>
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<tbody>
<tr>
<td>Seeing the ‘bigger picture’</td>
<td>Identifying SDOH and their impact on the overall health of patients</td>
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<tr>
<td>Leveraging social position</td>
<td>Using one’s name/lending one’s voice</td>
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<td>Persuasion</td>
<td>Seeking out individuals/organizations who can make changes to policies</td>
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<td>Putting ideas into action</td>
<td>Mobilizing and coordinating people/teams</td>
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<td>Using evidence</td>
<td>Linking social and biomedical factors to provide an opinion on next steps in care</td>
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<tr>
<td>Working in the community</td>
<td>Building and maintaining links in the community</td>
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<td>Communication</td>
<td>Writing for lay audiences/giving media interviews</td>
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IT IS POSSIBLE FOR ALL PHYSICIANS TO DO (SOME) ADVOCACY
ACTIVISM MAY NOT BE FOR EVERYONE
BEING A HEALTH ADVOCATE REQUIRES A BROADER VIEW, BEYOND THE BIOMEDICAL
WE MUST PAY ATTENTION TO SYSTEMS
“So, for example, our fee structure in medicine rewards those that see patients quickly. It rewards those that don’t communicate effectively with patients about the surgeries that they’re going to do because that essentially takes more time. And so it rewards actually the lack of advocacy.”

- Participant 8
THANK YOU
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