CONTEXTUAL DRIVERS OF LEARNER HEALTH ADVOCACY DECISIONS

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Goals

- To offer a model for interpreting the individual and contextual factors that impact learners’ health advocacy decisions during patient care
- To get you thinking about how educators and program administrators can impact these factors
Advocacy Study – Informal Learning
Constructivist Grounded Theory: Data Generation

- Analysis of assessment materials (ITARs, field notes, reflections)
  - 115 FM Postgrad, 79 Undergrad (sites across BC)
- Interviews: Individual
  - 9 UG
  - 15 PG family med.
  - 2 PG peds.
  - 1 PG internal med. group interview
What is Health Advocacy?

To our participants ...

*Health advocacy involves is the expenditure of* extra effort or time *in the clinical setting in order to improve care for patients experiencing compromised care relative to a* perceived standard of care.
Contextual Factors

- Connection with the patient
  - "Difficult" patients
  - Similarity to patient
  - Investment in patient story: "I found I am much more ready to kind of speak up with patients when I feel comfortable around them, like if I'd had already been getting to know a patient for a little while, had some rapport, know their story a little bit better" (UG Student)
Contextual Factors

- **Perceptions of patient need**
  - *Perceived “lack of voice”*
  - *Perceived systems barriers*
  - *Perception that the patient needs fixing*: “if you were to provide more information on something like, let’s say, like go above and beyond in educating somebody who’s struggling with obesity about, like, different things that are available” (UG Student)
Contextual Factors

- Human resources (help)

- Access to information/knowledge channels: “we have a working group ... who all get together every month or two and we discuss, kind of, the new development of clinics that are opening or new resources that we can offer to others and just with the general sense of any policy changes coming up” (PG Peds)

- Available time
Contextual Factors

- Role models demonstrate a commitment (or lack) to HA practices
- Emphasis in curriculum (formal and informal)
- **Perceived social friction**: “you’re kind of at their mercy a little bit when you’re working directly with them because if they don’t like you then it’s kind of a miserable time” (UG Student)
Contextual Factors

- **Perceived autonomy**
  - *Ability to make decisions*: “Because I have that relationship built with patients and more responsibility for those patients I actually feel like I’m probably a better advocate now than I was in med school.” (PG Family Med)
  - *Perceived consequences*
Learner Factors

- Participation in other social contexts
  - *Imported values*: “I see my family members who are immigrants going through the health system ... [and they] might not really understand how to navigate the system and part of advocacy is really helping them navigate the system. You know, that’s a piece I feel really strongly about.” (PG Peds)
  - *Imported knowledge/skills*
Advocacy Decision-Making

- Learner (prior knowledge, values, experiences)
- Sociocultural Context
- Perceptions of Patient
- Perceived Norms
- Perceived System Affordances/Barriers
- Perceived Social Position

Friction
Channels
That’s nice. What’s next?

- We know that:
  - Learners navigate competing sources of friction and channels
  - Learners bring with them knowledge, skills, and values that impact their interaction with the system

- We need to understand:
  - What educators can do to enhance channels and limit friction
  - How educators and programs can support learners in developing “learner factors” that impact the ability to advocate across contexts
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