Building the health advocate role
Innovative competency-based strategy for residency training

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Objectives

• Highlight key literature on health advocacy training for residents

• Describe the competency-based strategy developed at the Montréal Public Health Unit

• Identify transferable approaches for other residency programs
Health advocacy defined

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**.

CanMEDS 2015 Framework
(used in > 40 educational jurisdictions in the world: McDonald et al. 2019)
Teaching Health advocacy

Health advocate is **one of the most complex** of the CanMEDS roles
Flynn & Verma 2008

Health advocate role (…) the **most difficult to teach** and assess
McDonald et al. 2019; Hubinette et al. 2017

Most promising features of health advocacy training:

- Longitudinal > 4 weeks
- Hands-on, experiential learning
- Resident-driven

McDonald et al. 2019

CanMEDS roles reflecting the complexity and diverse skill set needed to be a successful health advocate
Flynn & Verma 2008
Teaching health advocacy to residents
Potential pedagogical strategies

- Formal University courses
- Guided reading (ex. seminars, journal club)
- Intensive workshops (ex. health advocacy ‘block’)
- Community of practice (Wenger 1998, ex. case discussion, role modeling...)
- Projects & Rotations

Didactic to Experiential learning

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The Montréal Public Health Unit
Public policy community of practice

<table>
<thead>
<tr>
<th>Community of practice</th>
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<tr>
<td>• Started in 2017</td>
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<td>• 3h per month facilitated by faculty</td>
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<td>• 2 year cycle for PY4 and PGY5</td>
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<th>Targeted competencies</th>
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<tr>
<td>• Policy analysis and Health advocacy</td>
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<tr>
<td>• Communication &amp; facilitation</td>
</tr>
<tr>
<td>• Specific Public health and preventive medicine skills</td>
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<tr>
<th>Pedagogical strategies</th>
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<tr>
<td>• Case based discussions, Guided readings, Guest speakers, Process evaluation</td>
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<tr>
<td>• Role play, simulation, teamwork, peer feedback, etc.</td>
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<th>Online learning platform</th>
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<td>• Interactive knowledge repository (Moodle platform)</td>
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The Montréal Public Health Unit’s Community of practice
Online learning platform

- Knowledge repository
- Open-source software (Moodle)
- Interactive features (surveys, chat, web conference, calendar, etc.)
The Montréal Public Health Unit’s Community of practice

Curriculum overview

Various academic fields

Case-based learning

Key concepts

Practical tools

Specific skills

‘Survival kit’ +

Competences in Healthy public policy / Health advocacy

in Various academic fields

- Case-based learning
- Key concepts
- Practical tools
- Specific skills

- ‘Survival kit’ +

Competences in Healthy public policy / Health advocacy
The Montréal Public Health Unit’s Community of practice

Key concepts from various academic fields

- Public health
- **Political science**
- Public administration
- **Communications**
  - Public relations
- Management
  - Marketing
  - Organizational development
  - **Project management**
- **Economy**
- Demography
- Sociology, History, Community organization, etc.
- ....
Specific skills

• Analyzing and building arguments
• Assessment of complex problems
• Literature reviews/ Rapid knowledge syntheses
• Developing position statements
• Health impact assessment
• Economic evaluations
• Public opinion polls
• Health surveillance and monitoring
• Partnerships with academia
• Partnerships with population affected

• Strategic priority setting
• Strategic/informational watch
• Legislative and governmental literacy
• Public relations
• Communications
• Media networking
• Strategic coalitions
• Supporting citizens’ participation
• Developing a broad vision and integrative approach for complex population health issues
• ...

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Outcomes

Positive results

• Appreciation process evaluations
• Self-assessed learning and skills
• 2018 Award for Excellence in Teaching

Public health and preventive medicine residents from:
McGill University
Université de Montréal
Université de Sherbrooke
The Montréal Public Health Unit’s Community of practice Outcomes (continued)

Challenges

- Creating learning milestones from PGY4 to PGY5
- Building a 2 year cycle
- Adjusting facilitation techniques to group size

Key ingredients

- Trust and safe space
- Participants motivation and engagement
- Self-assessment and resident-led objectives
- Prior exposure to the Health advocate role
Conclusions

Transferable approaches for other residency programs

Yes we can!

• **Invite colleagues** who are skilled health advocates
• Create a **community of practice**  
  
  [Wenger 1998](#)
• Develop an **online learning platform strategy**  
  
  [ex. Moodle](#)
• Generate a **knowledge repository**  
  
  [readings, podcasts, cases, etc](#)
• Identify **specific skills** required for health advocacy
• Reach out for **public health colleagues’** expertise in advocacy/healthy public policy
• Use **innovative facilitation techniques**  
  
  [ex. www.liberatingstructures.com](#)
• ....
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Comments or questions?
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• Hancock T. 2015. Advocacy: it’s not a dirty word, it’s a duty. Can J Public Health. 106(3):e86-8
• (NCCHPP) National Collaborating Center for Healthy Public Policy, www.ncchpp.ca
• (NCCDH) National Collaborating Center on Determinants of health, https://www.nccdh.ca
• www.liberatingstructures.com
Appendix

Health advocacy vs. Healthy public policy in Public Health

Health advocacy
CanMEDS 2015

Advocacy for Public Health
Healthy Public Policy
NCCHPP; NCCDH 2015; Chapman 2004; Hancock 2015
Appendix

Supporting resident learning

Adapted from Noble et al. 2018 Supporting resident research learning in the workplace