Experiencing Health Advocacy During Cervical Cancer Awareness Week: A National Initiative for Obstetrics and Gynaecology Residents

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Abstract

Objective: The Royal College of Physicians and Surgeons of Canada requires that residents demonstrate competence in health advocacy (HA). We sought to develop and implement a national educational module for obstetrics and gynaecology residents to address the role of HA. This pilot program was centred on cervical cancer prevention, which lends itself to applying the principles of advocacy.

Methods: An educational module was developed and disseminated to all obstetrics and gynaecology residency programs in Canada. The module describes options for HA involving cervical dysplasia screening, such as an outreach clinic or a forum for public/student education, which were to be implemented during Cervical Cancer Awareness Week. The measures of success were the number of programs implementing the curriculum, number of residents who participated, diversity of projects implemented, individuals (patients or learners) reached by the program, and the overall experience of the trainees.

Results: Three programs implemented the curriculum in 2011, one in 2012, and seven in 2013. After three years, the module has involved seven of 16 medical schools, over 100 residents, and thousands of women either directly or indirectly. Additionally, attributes of HA experienced by the residents were identified: teamwork, leadership, increased systems knowledge, increased social capital within the community, creativity, innovation, and adaptability.

Conclusion: We have demonstrated that an educational module can be implemented nationally, helping our residents fulfill their HA requirements. Other specialties could use this module in building HA into their own programs.

Key Words: Health advocacy, medical education, gynecology, CanMEDS, cervical screening

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Résumé

Objectif : Le Collège royal des médecins et chirurgiens du Canada exige que les résidents fassent preuve de compétence dans le rôle de promoteur de la santé (PS ou promotion de la santé). Nous avons cherché à élaborer et à mettre en œuvre, à l'intention des résidents en obstétrique-gynécologie, un module pédagogique national traitant de ce rôle de PS. Ce programme pilote était centré sur la prévention du cancer du col utérin, soit un sujet se prêtant bien à l'application des principes de la promotion de la santé.

Méthodes : Un module pédagogique a été élaboré et transmis à tous les programmes de résidence en obstétrique-gynécologie au Canada. Ce module décrit les options de PS mettant en jeu le dépistage de la dysplasie cervicale (telles qu'une clinique visant l'élargissement de la population desservie ou un forum d'éducation visant le public / la population étudiante) qui devaient être mises en œuvre au cours de la Semaine de sensibilisation au cancer du col de l'utérus. La réussite a été mesurée en fonction du nombre de programmes mettant en œuvre le curriculum, du nombre de résidents y ayant participé, de la diversité des projets mis en œuvre, de la nature des personnes (patientes ou apprenants) atteintes par le programme et de l'expérience globale des stagiaires.

Résultats : Trois programmes ont mis en œuvre le curriculum en 2011, un programme l'a fait en 2012 et sept l'ont fait en 2013. Après trois ans, le module s'est attiré la participation directe ou indirecte de sept des 16 facultés de médecine, de plus de 100 résidents et de milliers de femmes. De plus, les attributs de la PS vécus par les résidents ont été identifiés : travail d'équipe, leadership, connaissances accrues au sujet des systèmes, capital social accru au sein de la communauté, créativité, innovation et adaptabilité.

Conclusion : Nous avons démontré qu'un module pédagogique, visant à aider nos résidents à répondre à leurs exigences en matière de PS, peut être mis en œuvre à l'échelle nationale. D'autres spécialités pourraient utiliser ce module pour incorporer la PS dans leurs programmes respectifs.

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INTRODUCTION

The Canadian Medical Education Directives for Specialists[1] provides a template for the curriculum of specialist training in preparing for competence in a number of roles that are essential for successful practice. While some of the more traditional roles such as scholar and medical expert have well-defined methods of teaching and evaluation, others lack a uniform or clear framework for teaching and evaluation. One such role is that of health advocate, an essential role that requires a number of attributes from trainees that include

1. the ability to identify areas and populations in need,
2. the ability to form partnerships and coalitions to advance causes in the interest of an individual or a defined group of patients, and
3. the acquisition of real-world perspectives on how health is delivered and how physicians can use their expert knowledge to mobilize resources and improve health care system performance.

The Royal College of Physicians and Surgeons of Canada requires that residents in obstetrics and gynaecology demonstrate competence in health advocacy and requires training programs to have a structured program for its delivery. We present our pilot experience with a structured national program, supported by two national organizations, that focuses on both didactic and experiential learning components.

There have been few reports in the literature on HA applied to obstetrics and gynaecology; however, some attempts have been made to quantify HA teaching and to determine the ideal manner in which to implement it. Mu et al.[2] conducted a qualitative study of what inspires family medicine residents to engage in HA. They recommend providing protected time and resources for this activity, as well as the provision of experiential learning opportunities. Urologists at Queen's University in Ontario surveyed 33 graduating chief residents and similarly found that "despite knowledge about and acceptance of the importance of the health advocate role, there is a perceived lack of formal training and a dearth of participation during urological residency training."[3] In 2010, internists from the University of British Columbia published the results of a survey of 76 residents after an academic retreat at which HA was addressed.[4] They found that "76% of residents reported no current engagement in advocacy activity, and 36% were undecided if they would engage in advocacy during their remaining time as residents, fellows or staff." In our specialty, health advocates from the University of Ottawa published the results of a 2012 survey of Canadian obstetrics and gynaecology trainees[5]; their objectives were to "assess awareness and understanding of the health advocate role among trainees, their current HA training and exposure, and the desire and needs for future HA training." Among their results, they found that "only 30.4% of trainees reported having had HA training, and just 36.3% felt their training needs were addressed." Furthermore, only 20% had participated in community advocacy programs during their residency. They concluded that "a standardized curriculum would ensure health advocacy exposure and emphasize active participation in community and societal activities." Chamberlain et al. described the outcomes of an educational collaborative in California that developed a multi-institutional curriculum in HA for pediatric residents.[6] Similar curricula for HA have been developed for pediatric residents at the University of Toronto.[7]

We sought to develop a standardized HA educational module for residents that would include both a didactic session and a practical experiential project, that could be implemented anywhere in Canada. Our measures of success were the number of programs implementing the curriculum, the number of residents in each program who participated in HA, the number and diversity of projects implemented, the number of individuals (patients or learners) reached by the program, and the overall experience of the trainees in real-world approaches to advocacy challenges. We describe here the development, implementation, and evaluation of the first three years of a national HA educational module for obstetrics and gynaecology residents in Canada.

ABBREVIATIONS

APOG	The Association of Academic Professionals in Obstetrics and Gynaecology of Canada
CanMEDS	The Canadian Medical Education Directives for Specialists
GOC	The Society of Gynecologic Oncology of Canada
GOCCoP	The Society of Gynecologic Oncology of Canada Community of Practice
HA	health advocacy

METHODS

Representatives from APOG and the Cervical Cancer Prevention and Control Community of Practice of the GOC collaborated to create the educational module. This included:

1. a standardized didactic session,
2. a structured protocol for the practical advocacy projects, and
3. a resident evaluation framework.