

# BUSM ADVOCACY & EQUITY CURRICULUM

Advocacy & Equity VIG, November 2019

## WHAT WE'LL COVER

- What is BUATP
- Defining advocacy, SDH, SDE
- Why an advocacy VIG
- Our findings
- Our hopes & dreams for UME advocacy training

## WHAT IS BUATP

- Founded in 2005 as a student-led, faculty mentored elective
- Founding members: Chen Kenyon ('06), Bob Witzburg, Megan Sandel
- Taught students to interact with systems to improve patient health
- Advocacy anchored in social determinants of health/equity
- Evolved over time into the BU Advocacy Training Program (ATP)

## Training MED Students to Become Patient Advocates

Innovative program: advocacy skills, leadership development

01.14.2013

By Mary Hopkins

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Megan Sandel, a MED associate professor of pediatrics (from left), alumni director Lauren Fiechtner (MED'09), and Dan Dworkis (MED'13). Photos by Cydney Scott

## WHAT WE DO

- Spectrum of Physician Advocacy
  - SPA-1
  - SPA-2
  - SPA-3
  - SPA-4
- Advocacy Grand Rounds
- Community Building
- Summer Scholarship



# SPA I

- SDH, SDE (advocacy baseline knowledge about issues affecting patients)
- Audience: 1<sup>st</sup> years (~30)
- Facilitators: 2<sup>nd</sup> year ATP leaders
- Duration: 10 classes
- Format: 2 hours per class
  - 1<sup>st</sup> hour: didactic/group activity
  - 2<sup>nd</sup> hour: speaker/panel
- Written syllabus/text
- Topics covered (2019):
  - Introduction
  - Housing
  - Incarceration
  - Disability
  - Immigrant/Refugee
  - LGBTQ Health
  - Reproductive Justice
  - Addiction/Substance Use
  - Violence
  - Class Wrap-up

## SPA2

- Focus: skills
- Audience: 2<sup>nd</sup> years (~20)
- Facilitators: 4<sup>th</sup> year ATP leaders
- Duration: 8 classes
- Format: 2 hours per class
  - Interactive/collaborative activities with expert speakers
  - Time for individual projects
- Topics Covered (2018):
  - Introduction
  - Advocacy Campaigns
  - Power Mapping
  - Framework/Elevator Speeches
  - Institutional Advocacy
  - Legislative Tactics
  - Media/Persuasive Writing
  - Class Wrap-up

## SPA3

- Focus: reflection, leadership
- Audience: 3<sup>rd</sup> year students
- Facilitators: 4<sup>th</sup> year ATP leaders
- Bimonthly sessions
- Format: discussion based
- Journal club

## SPA4

- **603.I Patient Advocacy and Community-Based Resources in Medicine**
- Focus: capstone research, QI, intervention project
- Audience: 4th years
- Course director: Megan Sandel
- Duration: 4 weeks
- Format:
  - 50% at clinical setting (BHCHP, GROW clinic, Project RESPECT, etc.)
  - 50% executing advocacy-oriented project

## DEFINITIONS

### Perspective: **Physician Advocacy: What Is It and How Do We Do It?**

Mark A. Earnest, MD, PhD, Shale L. Wong, MD, MSPH, and Steven G. Federico, MD

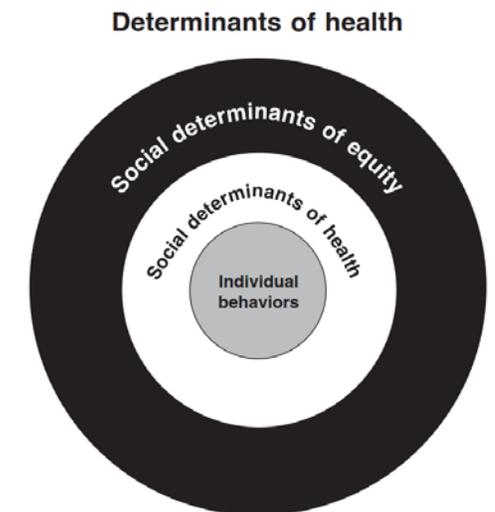
- **Advocacy:** *Action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that [they identify] through [their] professional work and expertise.*

## DEFINITIONS

The **social determinants of health [SDH]** are the contexts of our lives. They are the determinants of health which are outside of the individual. They are beyond individual behaviors and beyond individual genetic endowment.

Yet these contexts are not randomly distributed, but are instead shaped by historical injustices and by contemporary structural factors that perpetuate the historical injustices.

The **social determinants of equity [SDE]** are the factors that determine the range of contexts observed in a given place and time, and the distribution of different populations into those different contexts.



# WHY DO WE CARE?

## **Teaching the Social Determinants of Health: A Path to Equity or a Road to Nowhere?**

Malika Sharma, MD, MEd, Andrew D. Pinto, MD, MSc, and Arno K. Kumagai, MD

- Two flawed assumptions behind most SDH curricula
  1. They're "natural, i.e. not due to human-made systems of power and oppression
  2. Teaching SDH → alleviate inequities
- Awareness ≠ action; knowing about ≠ doing something about
- Teaching SDE is necessary to present SDH as things that physician advocates can *change* through advocacy
- Lots of SDH education in undergraduate medical training, some advocacy training, rarely explicitly tied through a combined curriculum

## WE HAVE SO MANY GREAT VIGS! WHY DO WE NEED AN ADVOCACY ONE?

- For that reason!
- To ensure that learning about racism, SUD, heterosexism, cissexism, etc. are paired with ADVOCACY training!
- To standardize the way we think about SDH, inequities, and what to do about them
- To ensure that some amount of advocacy/equity education are required for all students, with supplemental training available for interested students
- To improve opportunities and structured time for interested students to complete advocacy projects

## ADVOCACY AND EQUITY VIG

- Formed in Spring 2019 in anticipation of BUSM curriculum redesign
- Need to re-examine SPA curriculum in light of increased advocacy/SDH training in main curriculum (which is great!)
- Goals:
  - Map out current advocacy curriculum
  - Establish competencies (knowledge, attitudes, skills)
    - Core competencies for all students graduating from BUSM
    - Supplemental competencies for students who opt-in
  - Re-examine/design curricular advocacy curriculum
  - Re-examine/design extra-curricular advocacy curriculum

# FINDINGS

## BUSM Core Advocacy Curriculum

Year	Course	Social Determinant(s) Covered	Description/Objectives	Format							Advocacy Knowledge			Advocacy Level		
				Lecture	Guest Speaker/Panel	Group Discussions	Flipped Classroom	Reading/Video/Other	Supplemental	Project	Background	Skills	Clinical	Project/ Research	Individual Patient	Community, City, or Hospital
	HBM	LGBTQ, Reproductive rights/justice and Sexual Health, Sexual violence/IPV, Disability	Teaching sexuality for individuals with physical/intellectual disabilities, sex work, IPV, and coercive relationships	X	X	X					?			X		
		LGBTQ, alternative family formation (foster families, adoption), death and dying	Teach students about topics like pregnancy, parenting, family formation, alternative family formation, divorce, senescence, death and dying, and depression	X	X	X					X			X		
		Racism	A mixture of structural and interpersonal racism along with reparations in medicine in regards to medicine's history and our active complicity	X	X	X		X			X			X		
		Classism/Wealth Inequity/Poverty, Housing, Food insecurity, Immigrant/Refugee	Using the refugee experience as an example of toxic stress, also homelessness and childhood trauma	X	X	X					X			X		

## FINDINGS

- More training about SDH and various identities in HBM 😊
- EPH has continued to expand, especially advocacy week 😊 😊
- MSI starts with individual level advocacy & background information → community/larger level w/ some skills training
- Gap in MS2 year
- SDH screening in a few MS3 clerkships
- Opt-in MS4
- There are places where we can add SDH/SDE/advocacy into PrISM and DRx
- General lack of standardization / organization between courses
- Missed opportunities for SDE discussions
- Missed opportunities for connecting to advocacy/action

## OUR HOPES & DREAMS

- **Everyone should have advocacy and equity training**
- We don't know what's happening with new curriculum, so we have divided our ideas into 3 chunks:
  - Preclinical
  - Clerkships
  - Electives
- “Core” and “supplemental” components
- Opportunity for student leaders (MS4s) to gain course credit
- MS4 leadership (rather than MS2 – assuming MS2s will have less time to lead things)

## OUR HOPES AND DREAMS

- **Preclinical:** Learning about advocacy (who are our patients, what SDH do they face & why, skills for helping a patient with an SDH and changing/eliminating those SDH )
- **Clerkship:** Doing clinical advocacy (screening, referral, etc.), reflecting on experiences with patients, using clinical stories to advocate on larger level
- **Elective:** Doing larger advocacy & leadership development (completing longitudinal advocacy projects, teaching equity & advocacy curricula)

## PRECLINICAL - CORE

We believe every student should be able to do the following for each SDH:

1. Describe underlying history, structures, policies, etc. that lead to unequal distribution of what populations are affected by a given SDH
2. Describe ways in which a given SDH impacts access to healthcare and health outcomes
3. Identify ways to advocate for an individual patient who is affected by a given SDH
4. Identify examples of larger-level advocacy that works toward changing or eliminating a given SDH
5. Reflect on one's own power/privilege/bias as it relates to a given SDH
6. Take action toward helping a patient with a given SDH or participating in advocacy to eliminate SDH

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- Physician advocate or community org/activists
- Larger-level advocacy (city, hospital, etc.); model advocacy tools/skills

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Action

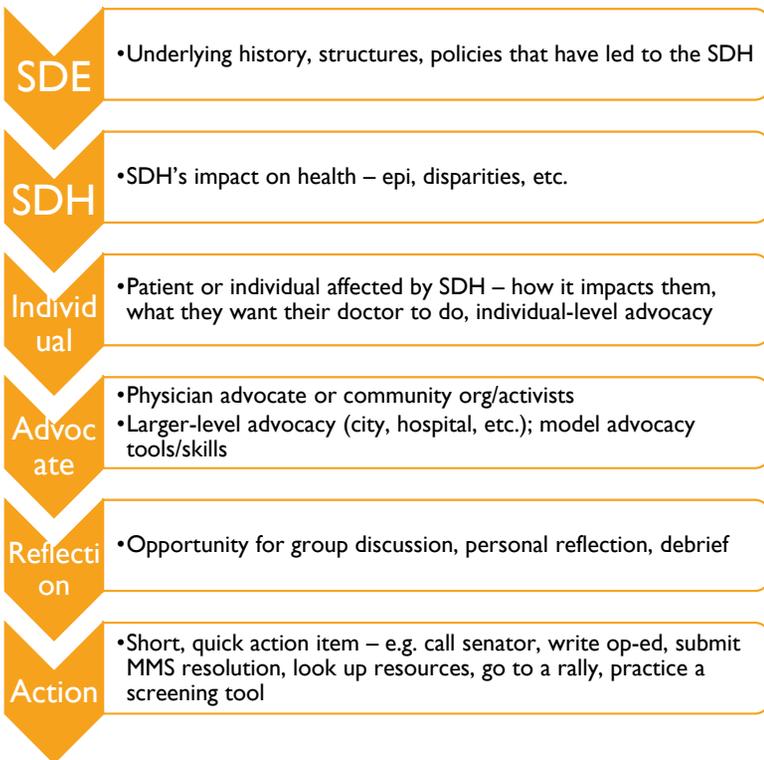
- Short, quick action item – e.g. call senator, write op-ed, submit MMS resolution, look up resources, go to a rally, practice a screening tool

# PRECLINICAL - CORE



- Use flowsheet for each SDH
  - Racism
  - Classism
  - Sexism – reproductive justice, sexual violence
  - Heterosexism, cissexism, LGBTQ
  - SUD
  - Housing
  - Incarceration
  - Xenophobia / immigration / refugee
  - Ableism / disability
  - Gun violence
  - Etc.

# PRECLINICAL - CORE



- Day of lectures for each one – e.g. “Housing Day”
  - 8:00-9:00 History of oppressive & inequitable housing policies
  - 9:00-10:00 Impact of housing on health
  - 10:00-10:30 Speaker who has experienced homelessness or inadequate housing
  - 10:30-11:00 Advocate speaker or community group
  - 11:00-12:00 Session for reflection + action item
- Can embed into whatever part of curriculum it best fits
  - E.g. Disability day can be part of genetics module, substance use disorder can be part of psychiatry, sexism can be part of reproductive health

## PRECLINICAL - SUPPLEMENTAL

- E.g. 1-2 hour sessions biweekly through preclinical years
- \*\* Led by MS4s (w/ faculty mentorship)
  - MS2s and MS3s can get involved, but their time is most limited, so MS4s take lead
- Choose an SDH topic to focus on
- Complete longer-term advocacy project
- Designated time to work on project, collaborate with peers
- Opportunities to teach about SDH
- More guest speakers, deeper presentations about SDH topics
- More time for group discussions and reflections
- Community partnerships
- Skills workshops
- Partnering w/ SPH

# CLERKSHIP - CORE

## 1. Third-year orientation

- Training in hospital & community resources, individual patient-level advocacy
- MS4 student panel about times they advocated for a patient and navigated medical hierarchy
- Round-table with hospital resources like last year, with more emphasis on helping patients w/ SDH
- Advocacy handbook (~OBGYN clerkship handbook – has tons of hospital resources; consider a different medium)
- Sim/practice for screening patients, referring to resources, etc.

## 2. Embed into clerkships

- SDH screening + referral, didactic lectures, etc. (medicine, OBGYN, psych, FM all already have some components of this)

## CLERKSHIP - SUPPLEMENTAL

- Students given time monthly to meet (either at BUSM or calling in remotely)
  - ~UHAT (residents given time to participate in regular UHAT didactics)
- Continuation of preclinical supplemental curriculum
  - Continue advocacy projects
  - Reflect on experiences w/ patients
  - Practice story-telling (for lobbying, op-eds, etc.)
  - Discussions of how/whether to incorporate advocacy into future career goals, workshops around professional development and specialty selection w/ advocacy focus
  - Final product: Use experience from third-year for some kind of advocacy product
    - E.g. op-ed, lobby day, fundraising campaign, QI idea, etc.

## ELECTIVE – ONLY SUPPLEMENTAL

- Focus 1: Advocacy Project
  - Expanded version of current MS4 advocacy elective (SPA4)
  - Take preclinical and clerkship projects to next level
  - Longitudinal over fourth year, given 1 block credit for working on it over time (rather than a designated block)
  - Some more didactics focused on leadership and teaching
- Focus 2: Advocacy Education
  - Become supplemental advocacy/equity curriculum leaders and organizers
  - Design/teach (along w/ faculty) supplemental preclinical course and supplemental clerkship course
  - Med-ed project relating to advocacy
  - Longitudinal over fourth year, given 1 block credit for working on it over time (rather than a designated block)
  - Some more didactics focused on leadership and teaching

## FINAL THOUGHTS

- Core: Teaching SDE, then health impact, then how to change it – for **each** SDH
- Supplemental: Advocacy community, completing long-term projects, opportunities to teach
- Other VIGs can own their SDH topic in both core + supplemental curricula
- Not sure how this will fit w/ other VIGs or “tracks” – especially supplemental
- Plan to write draft of advocacy education goals & competencies based on results of this retreat
  - (Heather has a break in interviews & nothing to do for the next two weeks 😊)