

“I didn’t even know where to start”: New-in-practice specialists’ perspectives on Health Advocacy

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Abstract

Background: Recent social justice movements and global health emergencies emphasize why patients and broader society need physician advocates. Troublingly, despite the health advocate (HA) role being an assessable competency¹, many physicians and trainees feel ill-equipped to advocate effectively. Recognizing this, efforts abound to improve HA training². Since recent graduates are well-positioned to identify how training influences preparation for practice, our purpose was to explore the perspectives of new-in-practice physicians who identify as motivated advocates.

Summary of Work: During semi-structured interviews, we asked 10 physicians within their first five years of practice about their perceived competence and motivation to engage in patient and system-level advocacy. Constructivist grounded theory informed the iterative data collection and analysis process.

Results: Participants wished they knew during training how much they would use advocacy in their practice. Participants gleaned adequate patient-level advocacy skills from informal role modelling during training but, despite a keen interest, acquired few system-level advocacy skills. They grappled with lack of preparation and reported waning motivation because of perceived futility, lack of value for advocacy and a need for self-preservation. For these reasons, participants questioned whether system-level advocacy should be expected of all physicians.

Discussion: Although current training frameworks may adequately prepare trainees to advocate for individual patients, system-level advocacy training remains lacking. While patient-level advocacy is part of good care, whether all physicians need to engage in systems-level advocacy deserves closer consideration.

Conclusions: Perhaps health advocacy might be re-imagined as a specialized professional calling akin to scholarship and leadership, whereby practicing physicians interested in large-scale engagement can seek additional training. Regardless, for the HA role to be viewed as intrinsic to the physician role, physician advocates need to be valued for contributions across levels.

Implications for further research: Expectations that all physicians need to engage in system-level advocacy deserve careful consideration.

References (maximum three)

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2. McDonald M, Lavelle C, Wen M, Sherbino J, Hulme J. The state of health advocacy training in postgraduate medical education: a scoping review. *Med Educ.* 2019;53(12):1209-1220. doi:10.1111/medu.13929