



## Mini Review

# Polishing Resident Advocacy Curriculums in Primary Care

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### Abstract

In 2021, our residency program applied and was awarded the advocacy training grant award through the American Academy of Pediatrics' Community Practice Training Initiative (AAP-CPTI). Our training program lacked a formal advocacy curriculum. With this grant, we addressed this deficiency and created a unique and original advocacy curriculum to enhance resident education in our training program on how to be advocates for their patients. The goal of the advocacy curriculum was to teach advocacy skills in the areas of media platform utilization, communicating with legislative representatives, and reviewing community resources available relevant to our patient population. To assess the efficacy of the curriculum, surveys were administered to the residents to assess how they prioritized advocacy in their career and if the workshops met the goal of knowledge enhancement. If this goal was met, then the curriculum structure could be implemented for future academic years.

**Keywords:** Resident education, Advocacy; Curriculum; Health policy

**Abbreviations:** CPTI: Community Practice Training Initiative; AAP: American Academy of Pediatrics; WV: West Virginia

### Introduction

There have been prior studies of other residency programs in the United States implementing new and innovative advocacy curriculums for their programs. In one study published in Pediatrics in 2021, it was found that residents felt that time constraints were a barrier to participating in advocacy [1]. Another study published in 2005 showed a wide range of child health topics related to advocacy that interested pediatric residents [2]. But the conclusion of this study showed that there was a lack of data on how to teach residents how to advocate [2]. There was a study in California where a multi-institutional multi-collaborative curricula was used to amplify resource utilization and financial aid which increased faculty expertise and advocacy training activities across programs. One success of this approach was achieving a 92% participation rate in programs teaching legislative advocacy [3].

Our objective was to create a longitudinal advocacy curriculum for our residency program that could be implemented

to meet the specific needs of the pediatric population of West Virginia.

### Discussion

#### Participants/Stakeholders

When composing the advocacy workshops, discussions with various stakeholders took place. Identified stakeholders included our WV AAP chapter president and board, grant representatives from AAP-CPTI that were overseeing our curriculum development, our residency program director, and our resident representative in the development of the curriculum. Our local IRB reviewed and approved our QI advocacy curriculum proposal.

#### Tools of evaluation

During the curriculum, a REDCap survey was administered to the categorical pediatric residents to see if they felt the workshops enhanced their advocacy skills. All answers of the surveys were formatted in a Likert scale. All categorical pediatric residents were invited to participate in the surveys.

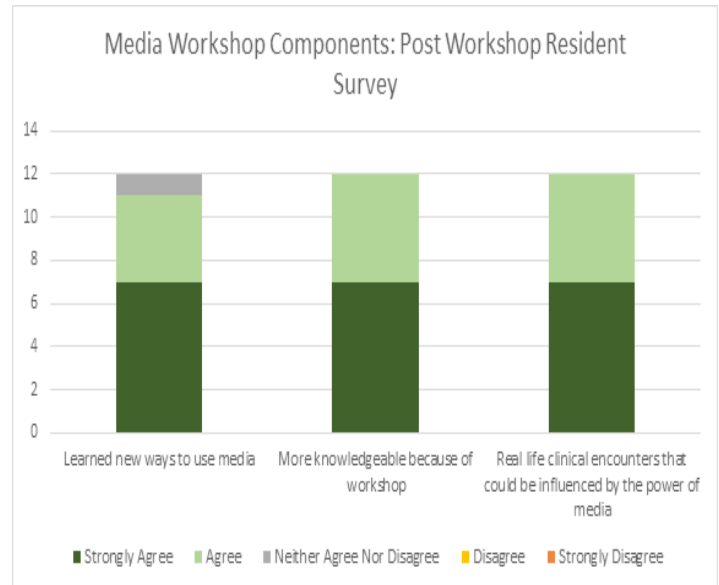
#### Curriculum Development and Deployment

The community resources workshop was an interactive session with case studies that helped engage residents into thinking critically about what resources could be needed to help aid their

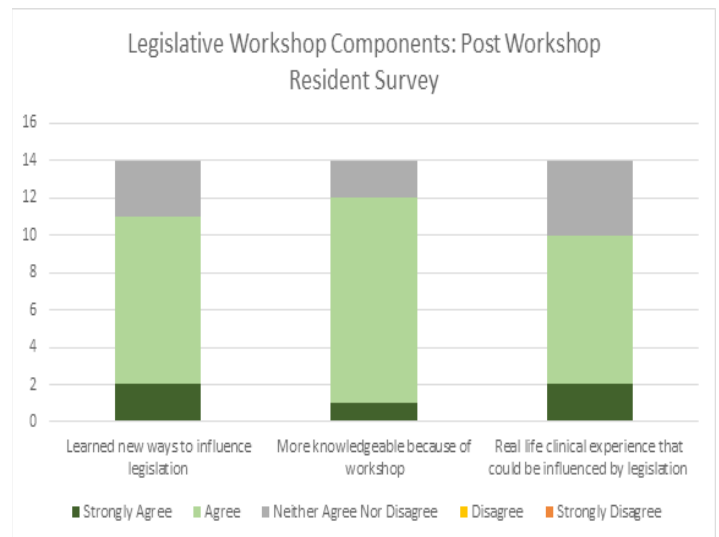
patients in certain clinical scenarios. Resources discussed included food banks, addiction recovery centers, homeless shelters, domestic violence shelters, and local WIC providers. We sought expert assistance from the AAP to develop and teach the media workshop. As a result, the advocacy communications director from the AAP led this workshop virtually for our trainees. Discussions on how to conduct media interviews and maximize utilization of social media platforms to promote and bring awareness to child health policies were discussed. Finally, in crafting our legislative workshop, we reached out to our WV AAP president who serves as a member on the AAP Committee on State Government Affairs. The WV AAP president’s workshop taught the residents how to craft a message for policymakers, how to approach policymakers, and how to effectively deliver that message in person, by phone, or by written communication. These workshops were conducted in the first half of the academic year so that the residents could execute individualized advocacy projects the second half of the academic year.

**Results**

All residents in the pre-curriculum survey felt advocacy was an important part of their role as a pediatrician. Seven residents answered that an advocacy curriculum integrated into their education was important, six residents answered that it was very important. Only two residents answered that they were comfortable communicating to legislative representatives on child health issues. Most residents felt like they were somewhat comfortable with knowledge of community resources. In terms of utilizing media platforms, most answered they were minimally to somewhat skilled with two answering they had no skills. And finally, when asked if being an advocate will be an important part of their career, the answers consisted entirely of agree and strongly agree. The post workshop surveys revealed that the majority of residents felt like each workshop was helpful in enhancing their advocacy skills and knowledge. Poor survey participation in the community resources workshop did not allow meaningful data collection. However, surveys on the media and legislative workshops showed an increase in residents’ perception of their confidence in advocacy skills, especially the media workshop (Figures 1 and 2).



**Figure 1:** Media Workshop Components: Post Workshop Resident Survey.



**Figure 2:** Legislative Workshop Components: Post Workshop Resident Survey.

At the end of the academic year, all categorical pediatric residents created and completed an individualized advocacy project of their choice. Examples of such projects included writing op-eds on child health topics, participation in the national AAP advocacy conference, which led to engagement with federal policymakers, discussion of physician wellness on a podcast, and a resident led lecture on enhancing clinical knowledge on LGBTQIA+ health.

## Conclusion

The field of advocacy training for pediatric residents is emerging and little is known. Many authors cite the need for pediatricians to act as child advocates [4], and others call for resident training in child advocacy. There has been one systematic evaluation of the impact of advocacy training and several reports describing advocacy training. There has been no description of resident preferences for advocacy projects, what they choose to advocate for, and how they choose to advocate [2].

While the increase in resident perception of confidence and knowledge in advocacy was a result of our curriculum, the sustainability and application of those advocacy skills needs to be reviewed and measured. Our design was to create what we thought were the top three facets of advocacy that could be utilized most effectively to promote the well-being of the pediatric population as a result, by integrating these workshops with the inclusion of an individualized project into their educational curriculum, the majority of the residents felt the workshops enhanced their

knowledge of these facets of advocacy. While the curriculum showed positive short-term results, more studies are needed to determine if the design of our curriculum is more effective for certain child health care topics than others. Also, follow up surveys to residents that have graduated would also be helpful to see if the advocacy curriculum helped them in their careers as attending physicians.

## Acknowledgments

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