Catalysts for Change: Empowering Resident Advocates
Focused on Leadership and Community Engagement

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Montefiore: Yonit Lax, Milani Patel, Sandra Braganza
Cincinnati: Alicia Alcamo, Melissa Klein
UCSF: Anda Kuo
Workshop Objectives

• Highlight resident involvement in advocacy via leadership, education and community engagement
• Identify and prioritize key skills and competencies necessary for trainees involved in advocacy related experiences
• Design common innovative learning activities and advocacy related experiences to enhance training in leadership and community engagement
Workshop Roadmap

- 9:15-9:45 - Introductions and present resident innovations in advocacy
- 9:45-9:55 - Review Community Pediatrics Training Initiative (CPTI) goals and objectives
- 9:55-10:20 - Small group breakout session
- 10:20-10:40 - Larger group discussion
- 10:40-10:45 - Wrap up
How did we come together?

- Resident driven workshop!
- Stimulated by the following questions:
  - What are the skills we need to develop as advocates in training?
  - How are other programs training their residents in advocacy?
  - How can we, as residents, advance advocacy training at our institutions?
Objective 1

Highlight resident involvement in advocacy via leadership, education and community engagement
Individualized Learning

Boston Combined Residency Program: Urban Health and Advocacy Track (UHAT)
BCRP Advocacy Overview

Keystone

Junior Retreat

2nd Clinic or Project

RAP

ADB
- Explore Boston resources, screen for social determinants of health, write op-ed pieces, visit housing court, etc.

- Example: Summary of Boston mayoral candidates’ positions on issues related to pediatric healthcare
2nd Clinic or Project - PL2

1-2 Afternoons per Month

Clinic
- Sidney Borum Health Center
- Pain clinic
- Community Health Center

Project
- Sugar Sweetened Beverage Legislative Advocacy
UHAT Junior Retreat - PL2

• 2014 was the inaugural year

• Half-day with an outside organization providing a unique training experience

• Race Relations: VISIONS, a local community-based organization that does high-quality, intensive, and interactive disparities and race relations workshops
Research, Advocacy, Policy - PL3

1 Afternoon per Month

- Lead once by each PL3 resident
- Speakers and discussions around a specific topic of interest
- Examples:
  - Key Skills of Physician-Advocates
  - Innovative Models of Ambulatory Care
  - Health Policy at the Hospital, Community, and Federal Level
Academic Development Block - PL3

3 Months

Core Seminar Curriculum

Individualized Project

Research

Med Ed

Community Advocacy
Leadership Training

University of California San Francisco, Pediatric Leadership for the Underserved Program (PLUS)
Quick Facts

• 2004
• Separate match
• 36 graduates
• Leadership and underserved
• Educational home: county hospital
Logistics

• Annual PLUS month rotation

• Weekly half-day seminars/project time

• Quarterly advising pod gatherings

• Annual retreat

• Clinic at SFGH
Pediatric Leadership for the Underserved (PLUS) Leadership Curriculum in Practice

**Leadership Domains**

- **PURPOSE**
  - Creation of direction/vision that motivates, accounts for and adapts to the current environment
  - Includes mission, vision and strategic planning

- **PEOPLE**
  - Ability to accomplish work through others
  - Includes giving feedback, team-building, listening and motivating others

- **PROCESS**
  - Array of technical skills to accomplish necessary tasks
  - Includes negotiation, project management, and conflict management

- **PERSONAL**
  - Use self as instrument of leadership
  - Includes leadership styles, public speaking, self-awareness, resilience, and time management

**Articulating Vision**

- Key Knowledge/Concepts
  - Required reading
  - Brief didactic session to define vision and mission and delineate key features of an effective vision statement

- Skills Application: Immediate, direct application of key concepts and skills (iterative)
  - Vision Exercise – learners picture future image/vision of self on cover of a major magazine
  - Incorporation of vision from exercise into learner's educational e-portfolio

- Incorporation into Practice: Direct application to clinical experience (iterative)
  - Learner and mentor review of vision exercise
  - E-portfolio shared with learners' other mentors and faculty advisors
  - Feedback incorporated into ongoing vision
  - Iterative review individually and as group for further development/adjustment of vision

**Feedback**

- Key Knowledge/Concepts
  - Review materials – pitfalls and suggestions in feedback
  - Session to brainstorm and identify key features of effective feedback
  - Discussion of accepted feedback tools

- Skills Application: Immediate, direct application of key concepts and skills (iterative)
  - Role play exercise – learners practice applying skills to actual situations from clinical arena during which they give and receive feedback

- Incorporation into Practice: Direct application to clinical experience (iterative)
  - Learner and mentor reflection on feedback exercise
  - Iterative review and reinforcement of key concepts and practice
  - Documentation of successes and challenges in e-portfolio for self-reflection and review with other mentors and faculty advisor

**Negotiation**

- Key Knowledge/Concepts
  - Required reading on successful negotiation
  - Seminar discussion of concepts such as BATNA (Best Alternative to a Negotiated Agreement) and negotiating styles

- Skills Application: Immediate, direct application of key concepts and skills (iterative)
  - Interdisciplinary case-based seminar with small group discussion and role-play mock negotiation case
  - Inclusion of learners from different medical specialties and healthcare professions

- Incorporation into Practice: Direct application to clinical experience (iterative)
  - Learner and mentor reflection on overall exercise and experience, and review of proposed plan from mock negotiations
  - Self-reflection on negotiation skills documented in e-portfolio for future reference and review with other mentors and faculty advisor

**Personal Leadership**

- Key Knowledge/Concepts
  - Seminar discussion of individual inventory results
  - Breakout groups – learners identify key characteristics of leadership styles and challenges to working with others who have different approaches

- Skills Application: Immediate, direct application of key concepts and skills (iterative)
  - Learners and mentors reflection on exercise and discussion of impact of personal leadership on effectiveness in clinical settings
  - Information on individual leadership styles and potential pitfalls entered into e-portfolio for ongoing review

Kuo AK, Thyne SM, Chen HCC, West DC, Kamei RK. An Innovative Residency Program Designed to Develop Leaders to Improve the Health of Children. Academic Medicine. 85(10), 2010
Community Engagement Curriculum

- Pgy-1 Identifying a problem: community analysis
- Pgy-2 Identifying an approach: community engagement
- Pgy-3 Identifying a solution: community action
- Process tools: lit review, project management, grant writing
- Works in progress
- Project mentor
## Project Examples and Impact

<table>
<thead>
<tr>
<th>Description</th>
<th>Impact</th>
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<tbody>
<tr>
<td><strong>Program development</strong></td>
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<tr>
<td>First medical–legal partnership at UCSF</td>
<td>Ongoing; grant received; legal partnership established</td>
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<tr>
<td>Evidence-based obesity prevention in schools</td>
<td>Ongoing; grant received</td>
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<tr>
<td>Rural oral health collaborative with community clinic</td>
<td>Ongoing; grant received; providers trained and applying varnish</td>
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<tr>
<td>First adolescent health clinic in local underserved community</td>
<td>Opened 2005; grant received; programs expanded; sustained</td>
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<tr>
<td>Medical homes for youth transitioning from detention</td>
<td>Grant received; partnership with juvenile hall established; residency curriculum implemented; sustained</td>
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<tr>
<td><strong>Policy</strong></td>
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<td>Increasing house staff diversity at UCSF</td>
<td>Department diversity committee and chair established; interdepartmental recruitment programs established; sustained</td>
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<tr>
<td>Impact of new public insurance expansion to cover young adults</td>
<td>Partnership with Department of Public Health established; manuscript published</td>
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<tr>
<td><strong>Advocacy</strong></td>
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<tr>
<td>Legislative—video game violence and nutritional labels on menus</td>
<td>Legislation passed; partnership with American Academy of Pediatrics</td>
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<tr>
<td>Media—documentary on community violence impact on youth</td>
<td>Grant received; national and local viewings to over 800 youth providers; sustained</td>
</tr>
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Kuo AK, Thyne SM, Chen HCC, West DC, Kamei RK. An Innovative Residency Program Designed to Develop Leaders to Improve the Health of Children, Academic Medicine. *Academic Medicine*. 85(10), 2010
Other Program Elements

- 360 feedback
- Everyday leadership
- Public speaking
- Interdepartmental and interdisciplinary
- Coaching
- Writing for change

Sherer, I. Oh My Father Hit Me. *Health Affairs.* 30(7), 2011.
Residency Program in Social Pediatrics
Children’s Hospital at Montefiore
Bronx, New York
Residency Program in Social Pediatrics

- Founded in 1960
- 12 Residents (4/year)
- 1 Chief Resident - responsible for coordinating our community and advocacy activities
Residency Program in Social Pediatrics

Overlap of educational curriculum around community engagement with Family Medicine and Internal Medicine

1. Social Medicine Orientation Month
   • Entire month in intern year dedicated to learning about social justice/community health
   • Invited speakers/site visits/case discussions
   • Culminates in group advocacy project

2. Social Medicine Rounds
   • Every 2 weeks
   • Invited speakers on topics i.e. race relations, international healthcare systems, “ban the box” campaign
1. Social Pediatric Rounds

- Weekly resident lectures to our pediatric house-staff and faculty
- Organized around monthly themes i.e.
  - Juvenile justice, housing, immigration, foster care
- Invited speakers from local community organizations
- Give 1-2 hour presentations on their community activities
Community involvement

2. Site visits

• Bi-monthly site visits with residents and faculty to local community organizations
  - Homeless shelter
  - Housing/family court with local legal aid society
  - Local WIC office
  - Juvenile detention center

• Home visiting program to families
Community involvement

3. Resident participation in clinical activity in the community

- Residents maintain continuity panel at clinic in South Bronx
  - Clinic is ~20 minutes from main hospital
  - PGY 1: one afternoon/week
  - PGY 2/3: 2-4 afternoons/week

- School Health Clinic
  - All PGY-2 residents do approximately 14-18 sessions/year

- Mobile Van clinic visiting homeless shelters
Community involvement

4. Resident research project
   • Starts 2nd year
   • 4 week curriculum on project development
   • Mentor assigned and timeline created
   • Apply for financial support
     - ~1/3 of projects have received AAP CATCH grant
   • Submit IRB
   • Incorporate advocacy component
   • Encouraged to participate in community activities
     - Secondhand smoke exposure in public housing
     - Healthy food options in local bodega
Resident Engagement in Advocacy Related Education

Alicia Alcamo, MD, MPH
Melissa Klein, MD, MEd
Background

- Pediatric Continuity Clinic
  - 85 residents
  - 4 social workers and 1 dietician
  - Medical legal partnership
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>* Are you having problems receiving WIC food stamp, daycare vouchers,</td>
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<td>medical card, or SSI?</td>
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<td>* Housing problems (overcrowding, roaches, rodents, utilities, mold,</td>
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<td>lead)?</td>
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<td>* Threatened with eviction or losing your home?</td>
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<td>* Over the past 2 weeks, have you felt down, depressed or hopeless?</td>
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<tr>
<td>* Over the past 2 weeks, have you felt little interest or pleasure in</td>
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<td>doing things?</td>
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<td>* Do you feel that you and/or your children are unsafe in your</td>
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<td>relationships?</td>
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<tr>
<td>* Do you worry that your food will run out before you get money or</td>
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<td>food stamps to get more?</td>
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<tr>
<td>* Did the food you buy not last and you didn’t have money to get</td>
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<td>more?</td>
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Background

- Initial educational efforts
  - Improved documentation of SDH
  - Rate of identification remained lower than prevalence in community
- Needs Assessment revealed
  - Residents remained uncomfortable asking
  - Unsure of resources
Curriculum Framework

Adult Learning Principles

• Just-in-time learning
• Education providing applicable techniques and resources
• Built upon prior knowledge and exposure
• Highly interactive format
• Incorporated 360 feedback
Diagram of Our Curriculum

Two 90 minute sessions

- Didactics
- Trigger Videos
- “Day in the Life” Scenarios

Faculty facilitated discussion

Faculty facilitated discussion
Yes

Food Insecurity
- Not enough food for family
- Food does not last the entire month

Receiving appropriate SNAP, Cash Assistance?

No

UNITED WAY 211

Food Insecurity

- Not enough food for family
- Food does not last the entire month

Yes

Refer to community resources:
(FreeStore Foodbank, Local churches)
- AND-
Social Work Referral (if available)

No

UNITED WAY 211

Key Names and Numbers
United Way: 2400 Reading Road, Cincinnati OH 45202; 513-762-7100, www.uwgc.org
FreeStore Foodbank: 112 E Liberty Street, Cincinnati OH 45202; 513-357-4600, fsfbmedia.org

SNAP= Supplemental Nutritional Program
PPC = Pediatric Primary Care
MLP = Medical Legal Partnership
WIC= Supplemental Nutrition Program for Women, Infants and Children
Evaluation Metrics

- Resident competence screening
- Parent surveys
  - Questions screening for individual SDH
  - Questions related to trust, respect and communication
- Quantitative metrics of practice change
  - Referrals to MLP
  - Number of cans of formula distributed
Resident Involvement

- Curricular development and implementation
- Liaison to study participants to encourage attendance and guide curricula needs
- Taught at educational sessions
- Participated in data collection, analysis and manuscript preparation
- Spearheaded the submission to MedEdPortal
To download the full curriculum and assessment tools:

www.mededportal.org/publication/9575
Objective 2

Identify and prioritize key skills and competencies necessary for trainees involved in advocacy related experiences
CPTI Goals & Objectives

A. Culturally Effective Care
B. Child Advocacy
C. Medical Home
D. Special Populations
E. Pediatrician as Consultant/Collaborative Leader/Partner
F. Educational and Child Care Settings
G. Public Health and Prevention
H. Inquiry and Application
E. Pediatrician as a Consultant/Collaborative Leader/Partner
Pediatricians must be able to act as child health consultants in their communities. Using collaborative skills, they must be able to work with multidisciplinary teams, community members, educators, and representatives from community organizations and legislative bodies.

Graduates are expected to:

1. Identify potential opportunities to serve as a health consultant in the community where he/she practices pediatrics and demonstrate the ability to communicate effectively with a variety of audiences within that community.

2. Describe and discuss the essential qualities of community partnerships including shared vision, the use of complementary strengths, the willingness to collaborate, and the development of agreed-on boundaries.

3. Define and discuss principles of consensus building, including fostering inclusiveness, identifying mutual goals, setting measurable outcomes, using effective problem-solving strategies and negotiating towards consensus.
How to use the CPTI Goals & Objectives

- Assess your program
- Target strategies to Identify Gaps
- Enhance specific program activities
- Help your students see what they are learning
New Opportunities

APA Taskforce on Poverty

• Public Policy and Advocacy
• Health Care Delivery
• Research
• Education
Foundational Components of Poverty Education in Need of Development

**Child Poverty**
- To what degree does child health inequality exist in the US?
- Who is poor in the US? (rural/urban/suburban, race/ethnicity, young/old, immigrant stat)
- What historical roots created the epidemiology of US child poverty?
- How do we think of the poor (individually and collectively)?

**Education Inequality**
- Funding of the American education system
- Income trends over time
- Shrinking middle class

**Income Inequality**
- Income trends over time
- Shrinking middle class

**Occupation Inequality**
- Labor trends
- Loss of low-skill jobs

**Poverty and Biology**
- Toxic Stress, ACE, EBCD, Lifecourse model

**Social Policy**
- What are the sources of economic inequity in the US?

**School systems**
- IEP/504 plans
- Early childhood education/school readiness
- ROR, Early literacy Interventions
- Head Start and Early Head Start
- Preschool variation/inequity

**Housing Inequality**
- Home nurse visits
- Neighborhood Inequality
- Windshield surveys
- Didactics on built environment

**Housing Insecurity & Homelessness**
- Shelter visits

**Food Insecurity**
- SNAP, WIC, Local food pantries

**Health Access**
- Health Insurance: Private v. Safety net
- Cultural awareness activities
- Practice use of interpreters

**Public Health System**
- DPH Epidemiology exploration

**Immigration**
- Referrals to legal aid/MLP

**Inter-professional teams addressing needs**
- Child protection services session
- Domestic violence shelter visit
- Medical Legal Partnership visit/make referrals
- Health LEADS models engagement

**Figure:** L. Chamberlain (2013)
Objective 3

Design innovative learning activities and advocacy related experiences to enhance training in leadership and community engagement
Breakout Session
Resident Perspectives

What are the challenges experienced by residents in doing meaningful advocacy work?

- Demand on time clinically too great to reflect on hopes on being a pediatrician advocate
- Schedules make it difficult to be a consistent presence in the community
- Not having a clear sense of what skills I should be obtaining in residency to be a good advocate
- Lack of mentorship, role models in defining advocacy driven career paths
- Not having enough shared time to work on these issues together
Breakout Session
Group Share
Aspirations of resident for advocacy training

- Graduating with concrete set of advocacy related skills
- Gained strong mentorship with respect to a career in pediatric advocacy
- Feeling rooted in our place of training and connection to the community
- Collaboration with like-minded colleagues
Questions?

Please complete the evaluation