

# **Launching into the Op-Ed Space**

## An Advocacy Curriculum for Housestaff

Hannah Rosenblum, MD

PGY-4 Internal Medicine/Pediatrics

Yale-New Haven Health

March 28, 2019

# Collaborators

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Yale School of Medicine  
Yale Public Voices Fellow 2015-2016

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Associate Director, Yale Cystic Fibrosis Adult Program;  
Associate Professor of Pediatrics;  
Associate Director, Yale Combined Med-Peds Residency Program

# **Expert Exercise**

# Op-Ed Course Overview

- Course Origin
- Structure and Curriculum
- Writing Tools to Take Home!
- Outcomes & Data



# Course Origin



# Course Structure



Christine Ngaruiya,  
MD, MSc, DTM&H



Joan Cook, PhD



Lisa Sanders, MD



Marjorie Rosenthal,  
MD, MPH

## LAUNCHING INTO THE OP-ED SPACE SPRING 2019

**WHAT:** A 4- week curriculum focused on developing resident skills in op-ed writing and patient advocacy. Learn from some of the most impressive educators, thinkers, and scholars at Yale, pictured above! Each session consists of an interactive didactic followed by small-group workshop time. Dinner provided.

**WHEN:** January-March 2019 on four non-consecutive Mondays:  
1/28, 2/4, 2/11, 3/11

**WHERE:** LMP Building, Room 3108, Trask Room– at the York Street Campus

**WHO:** Sign up by Monday, January 14 if you:

- have LOTS of experience or NO experience writing Op-Eds, but would like to learn!
- are passionate about a community health or medical topic (or many!)
- want to practice researching, writing about the information, and choosing your audience.
- are excited to actively pursue publication of an editorial that you write!
- **can participate in all four sessions**

Questions? [Hannah.rosenblum@yale.edu](mailto:Hannah.rosenblum@yale.edu) or [Emily.pintotaylor@yale.edu](mailto:Emily.pintotaylor@yale.edu)

# Outcomes

- ❖ More than 50 Op-Eds authored by Housestaff
- ❖ Many Op-Eds submitted
- ❖ >10 Op-Ed published (so far!)

- ❑ *"Speakers were excellent, small group format was a safe space, and appropriately challenging..."*
- ❑ *"...we've created a long term writing group..."*
- ❑ *"Loved the community it built...we learned and grew with each other..."*
- ❑ *"I think this is a wonderful initiative that's really empowering..."*

- ❖ Likert scale data showing increase in writing confidence

# What is an Op-Ed?



## Origin of OP-ED

short for *opposite editorial*

First Known Use: 1970

- Typically, it is short
- It has a clearly defined **point**.
- It has a clearly defined **point of view**.
- It contains the **strong, distinctive** voice of the writer.
- 600-750 words

# Anatomy of an Op-Ed

- Lede- around a news hook
- Thesis- Statement of argument– either explicit or implicit
- Argument- Based on evidence
  - ✓ 1<sup>st</sup> point
  - ✓ 2<sup>nd</sup> point
  - ✓ 3<sup>rd</sup> point

*\*stats, news, reports from credible organizations, expert quotes, scholarship, history, first-hand experience*
- "To be Sure"- acknowledge & dismiss, validate & trump; address caveats
- Conclusion- circle back to lede/call to action around a news hook



# Op-Ed Dissection

SECTION

HOME SEARCH

The New York Times

2 of 10 articles read

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The Opinion Pages | EDITORIAL

## End the Gun Epidemic in America

It is a moral outrage and national disgrace that civilians can legally purchase weapons designed to kill people with brutal speed and efficiency.

By THE EDITORIAL BOARD DEC. 4, 2015

f t e s | 7213

Catchy and succinct title

Clause/phrase (editor)

Name/ title



Doug Mills/The New York Times

Photo

# Op-Ed Dissection

All decent people feel sorrow and righteous fury about the latest slaughter of innocents, in California. Law enforcement and intelligence agencies are searching for motivations, including the vital question of how the murderers might have been connected to international terrorism. That is right and proper.

Lede/newshook

But motives do not matter to the dead in California, nor did they in Colorado, Oregon, South Carolina, Virginia, Connecticut and far too many other places. The attention and anger of Americans should also be directed at the elected leaders whose job is to keep us safe but who place a higher premium on the money and political power of an industry dedicated to profiting from the unfettered spread of ever more powerful firearms.

Thesis: "bigger picture – focusing on motives for crime/perpetrators alone insufficient"

It is a moral outrage and a national disgrace that civilians can legally purchase weapons designed specifically to kill people with brutal speed and efficiency. These are weapons of war, barely modified and deliberately marketed as tools of macho vigilantism and even insurrection. America's elected leaders offer prayers for gun victims and then, callously and without fear of consequence, reject the most basic restrictions on weapons of mass killing, as they did on Thursday. They distract us with arguments about the word terrorism. Let's be clear: These spree killings are all, in their own ways, acts of terrorism.

Thesis/ Argument: "political leaders need to be held accountable"

## Op for the Opinion Today Editor

Today, get thought-provoking  
every from Op-Ed columnists, The Times  
board and contributing writers from  
the world.

Opponents of gun control are saying, as they do after every killing, that no law can unfaillingly forestall a specific criminal.

That is true. They are talking, many with sincerity, about the constitutional challenges to effective gun regulation. Those challenges exist. They point out

Evidence: "political leader lack of concern shown by voting patterns"

To be sure: presenting opponents' views/ likely counterarguments

# Op-Ed Dissection

To be sure: presenting  
opponents' views/  
likely  
counterarguments

Those challenges exist. They point out  
that determined killers obtained weapons  
illegally in places like France, England  
and Norway that have strict gun laws. Yes,  
they did.

But at least those countries are trying. The United States is not. Worse,  
politicians abet would-be killers by creating gun markets for them, and  
voters allow those politicians to keep their jobs. It is past time to stop talking  
about halting the spread of firearms, and instead to reduce their number  
drastically — eliminating some large categories of weapons and ammunition.

Argument: "political leaders  
facilitate WOULD-BE killers"

It is not necessary to debate the peculiar wording of the Second Amendment.  
No right is unlimited and immune from reasonable regulation.

To be sure: presenting  
opponents' views,  
confronting likely  
counterarguments

Certain kinds of weapons, like the slightly modified combat rifles used in  
California, and certain kinds of ammunition, must be outlawed for civilian  
ownership. It is possible to define those guns in a clear and effective way  
and, yes, it would require Americans who own those kinds of weapons to  
give them up for the good of their fellow citizens.

What better time than during a presidential election to show, at long last,  
that our nation has retained its sense of decency?

Conclusion



# **Writing Exercise**

# About Pitching

Dear \_\_\_\_\_,

My name is Joan Cook and I'm a psychologist/Associate Professor at Yale University. For the past 20 years, I've been researching traumatic stress and clinically treating a range of trauma survivors -- combat veterans, men and women who have been physically and sexually assaulted, and people who escaped the former World Trade Center towers on 9/11.

Over the past three years, I've written nearly 70 op-eds for *CNN*, *The Hill*, and *USA Today* among others, and was a regular contributor to *TIME Ideas*.

Pasted below please find a submission on how there is better awareness of the effects of traumatic events but some bad information online. I suspect the world is experiencing an uptick in online searches since the increase in terrorist attacks and school shootings.

Thank you for your consideration,  
Joan

Signature line

# Diverse Writing Styles

The image shows a Vimeo video player interface. At the top, the Vimeo logo is on the left, followed by navigation links: 'Join' (in a green box), 'Log in', 'Pricing', 'Features' (with a dropdown arrow), 'Watch' (with a dropdown arrow), and 'Stock' (with a 'NEW' tag). On the right is a search bar with the placeholder text 'Search videos, people, and more' and a magnifying glass icon, and a blue 'Upload' button. The video player itself has a large black area on the left and right sides. The main content area is white and displays the text 'Truth is ~~stranger~~ *trickier* than fiction' in a large, black, sans-serif font. Below this, in a smaller font, is 'Pranay Sinha', 'Op-Ed Project', and 'October 9, 2017'. At the bottom of the player is a dark grey control bar with a play button, a progress bar showing '00:09', and icons for volume, settings, and full screen. Below the player, there is a section titled 'Truth is trickier than fiction' on the left and 'More from Vimeo Staff Picks' on the right, which includes a toggle switch for 'Autoplay next video'.

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Truth is ~~stranger~~ *trickier* than fiction

Pranay Sinha  
Op-Ed Project  
October 9, 2017

00:09

Truth is trickier than fiction

More from Vimeo Staff Picks  
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# Troubleshooting/Trolls

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**Chris**  
An inc  
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"OpEd  
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**Christine M Ngaruiya**  
@c\_ngaruiya

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review" in  
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ed less

@YaleMed Med/peds PGY3 Rosenblum presents our pilot curriculum on #writing : helps #burnout #wellness ; outlet 4 trainees to advocate 4 pts



**Launching into the Op-Ed Space: A Resident Advocacy Curriculum**  
Emily Pinto Taylor, MD<sup>1</sup>, Hannah Rosenblum, MD<sup>2</sup>, and Christine Ngaruiya, MD<sup>3</sup>  
<sup>1</sup>Departments of Internal Medicine and Pediatrics, <sup>2</sup>Department of Emergency Medicine, <sup>3</sup>Department of Emergency Medicine, Yale University School of Medicine

**BACKGROUND**  
Among resident physicians is 40-76%,<sup>1,2</sup> writing skills (including creative writing) has not decreased this rate.<sup>3</sup> A striking lack of diversity in editorial writing: 60% are authored by women, 5% by African-Americans, 0.5% by Latinos.<sup>4,5</sup>

**COURSE OBJECTIVES**  
To create a sustainable, replicable curriculum for residents to become advocates through writing by providing residents' self-perceived ability to advocate for primary care patients. Increase number of resident publications on primary issues in local, regional, and national media. Increase residents' sense of agency in addressing the complex bio-psycho-social issues that face primary care patients.

**PRE-CURRICULUM SURVEY**  
PODI 5: 5  
PODI 2: 2  
PODI 3/4: 9  
Faculty: 1

Measures of confidence (5-10 scale)  
Average confidence in writing abilities: 6.3  
Average confidence in Op-Ed writing abilities: 4.5  
Writing Experience:  
13 out of 15 have been published (any writing)  
1 out of 15 have published an Op-Ed

**PILOT CURRICULUM STRUCTURE**  
Week 1: Introduction to the Op-Ed  
Week 2: Finding a topic  
Week 3: Finding a mentor  
Week 4: Writing the Op-Ed  
Week 5: Submitting the Op-Ed  
Week 6: Revising the Op-Ed  
Week 7: Publishing the Op-Ed  
Week 8: Reflecting on the experience

Each evening session consisted of:  
- 1 hour didactic teaching with expert writer  
- 1 hour of group writing time  
- The 8-week curriculum was conducted

**INITIAL OUTCOMES**  
During the 8-week course:  
- More than 20 Op-Eds submitted by residents  
- 8 Op-Eds published  
- 1 Op-Ed accepted for publication

Residents were confident and group learning was a valuable experience. We were able to create a supportive environment for residents to learn and grow with each other.

**ACKNOWLEDGMENTS**  
We thank the residents and faculty who participated in the pilot curriculum.

**REFERENCES**  
1. American Medical Association. Physician Worklife. 2017; 10(1): 1-10.  
2. American Medical Association. Physician Worklife. 2017; 10(1): 1-10.  
3. American Medical Association. Physician Worklife. 2017; 10(1): 1-10.  
4. American Medical Association. Physician Worklife. 2017; 10(1): 1-10.  
5. American Medical Association. Physician Worklife. 2017; 10(1): 1-10.

# Basic Supplies for New Parents- *Hartford Courant*

**Weather Alert in Windham, Tolland and Hartford counties.**  
July 25



Opinion

## Op-Ed: When A Mom Can't Afford A Baby Thermometer



\*And where am I going to get \$10? the baby's mom asked when I told her to buy a thermometer. (Getty Images/Stockphoto)


By **Dr. Rebecca Vitale**

MARCH 7, 2018, 6:00 AM


# Trauma after Natural Disaster- *STAT* & Kevin MD

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### Psychological first aid can mitigate the effects of overwhelming trauma and loss

ALANI GREGORY, MD | [CONDITIONS](#) | NOVEMBER 7, 2017

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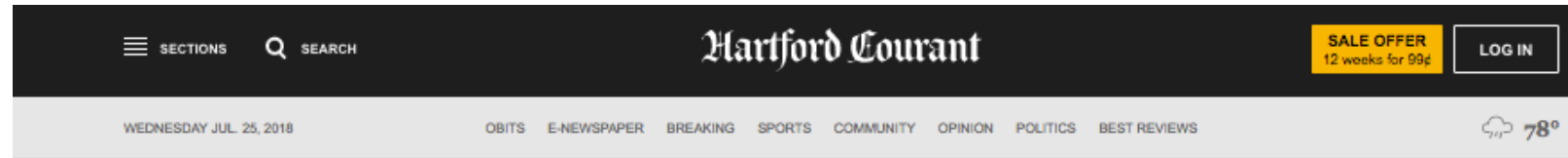


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# Safe Injection Sites- *Hartford Courant*



[Opinion / Op-Eds](#)

## Legal Injection Sites Key In Connecticut Opioid Fight



Roughly 21 percent to 29 percent of patients prescribed opioids for pain misuse them. (Aug. 23, 2017) (Sign up for our free video newsletter here <http://bit.ly/2n6VKPR>)

By **JASLEEN SALWAN**

OCTOBER 31, 2017, 6:00 AM

**W**e have a powerful weapon to fight the opioid epidemic. Let's use it.



# Prescription Drug Costs- CT Mirror



PERSPECTIVES ON CONNECTICUT

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## HEALTH CARE

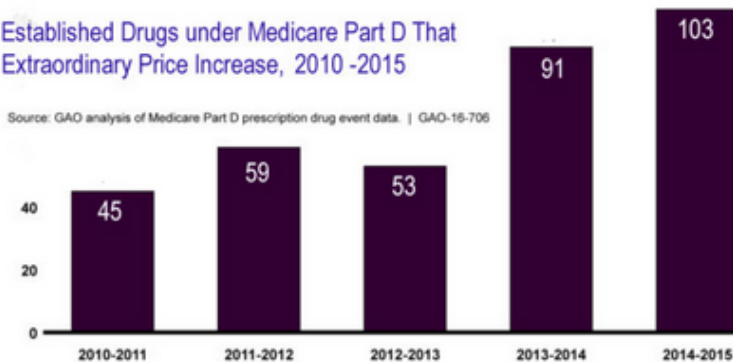
### The General Assembly can — and should — contain the cost of prescription drugs

MAY 4, 2018

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#### The Number of Established Drugs under Medicare Part D That Experienced an Extraordinary Price Increase, 2010 -2015

Source: GAO analysis of Medicare Part D prescription drug event data. | GAO-16-706



As a physician, far too often, I see the consequences of unfair prescription drug pricing on patients in our community. One of the first patients I ever cared for at the primary care center where I currently practice was a middle-aged man with poorly controlled diabetes. His diabetes is in part uncontrolled because he cannot afford to pay for the medications and supplies needed to manage his condition.



**Ross Kristal MD**

Yale Primary Care  
Internal Medicine Resident Physician

# Public Charge Policy- New Haven Register

## FORUM

### New public charge policy is detrimental to health of families

By Dr. Julia Rosenberg

Visits to a child's doctor's office cover much more than a physical exam; as pediatricians, we focus not just on aches and pains but also emphasize nutrition, safety, housing, and social support — foundations for adequate growth and development of young minds and bodies.

A new public charge proposal from the Department of Homeland Security, however, threatens the health and well-being of children and their families. This proposal will dramatically expand the classification of "public charge," a term used to define governmental dependence. Immigrants who receive the "public charge" designation are limited in their ability to apply for visas and lawful residency status. The intended effect, according to Homeland Security Secretary Kirstjen Nielsen, is to, "promote immigrant self-sufficiency." The negative consequences, however, will be felt strongly by children and families.

The expanded policy will negatively impact immigrant patients who receive support for housing, food services, and health care. These factors, among many other troubling criteria — including

certain medical conditions, household size, income, and age — will all be considered by the Department of Homeland Security when determining if an immigrant qualifies as a "public charge."

In the past, when hard-working parents brought their children to the office



Where  
I STAND

with concerns about issues ranging from undernutrition to safe housing, we could safely direct families toward nutritional, housing, and safety supports that are crucial to their health and well-being. Parents and providers could breathe easier, knowing that when children and their families are enrolled in these services, they would be healthier.

Unfortunately, families now have reasons to be fearful. Parents may soon be forced to make an impossible choice between receiving vital services for their children and remaining in the country with their family, unseparated. Many more families will likely forgo governmental assistance because of the

confusion that the policy has created. Already, (even though, importantly, this policy will not be retroactive in its implementation), many families have expressed fear and hesitancy to seek the support they need.

Again and again, we have seen the true victims of the current administration's supposed "zero tolerance" and related immigration policies: families and children. To be sure, security at our borders is crucial, but this policy does little to address security. Rather, it affects children and families—many of whom are legal citizens and residents—in every corner of the country, including here in Connecticut.

I am heartbroken that some of the most inspiring and hardworking patients in my care face increasing fears and stressors daily that impact the health of their families, and so I plan to share these concerns to the Department of Homeland Security, echoing the concerns of my patients and their families.

We cannot support policies that result in families and children suffering in fear.

*Dr. Julia Rosenberg is a pediatrician at Yale New Haven Hospital.*

Letters: 300-word limit, signed and phone number included. We reserve right to edit for space and clarity. Send to New Haven Register, HAVE YOUR SAY, 100 Gando Dr., New Haven, 06513; or email to [letters@nhregister.com](mailto:letters@nhregister.com).

# K2 Overdoses- *Hartford Courant*

OP-EDS OPINION

## On-Site Solution To New Haven K2 Overdoses



By PHIL COSTELLO AND EMILY PINTO TAYLOR AUG 28, 2018 | 6:00 AM



Paramedics and EMTs respond to one of three simultaneous drug overdose victims on the New Haven Green Aug. 16, the second day of such occurrences. (Brian A. Pounds / AP)



# HPV Vaccine- Hartford Courant & CT Mirror

THE HARTFORD COURANT FRIDAY, OCTOBER 5, 2018 A9

## OPINION

COURANT.COM/OPINION

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### LETTERS

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#### UConn Payments Fully Transparent

The article published in The Hartford Courant on Sept. 11, "UConn Department Head Resigns After Audit Reveals Improper Travel Expenses" [courant.com], overstated the amount I approved, and this can be easily verified by the UConn audit report.

The compensatory overtime to my administrative assistant allowed us to save significant amount of money, as this was due to an unfilled staff position. The compensatory overtime was in lieu of hiring a full-time staff member. Approvals that I sought went through the same process as every other compensatory overtime and travel request. I was fully transparent and went through all the processes that were in place.

During the course of my leadership in the last decade, I worked tirelessly to help improve the research reputation and the rankings of UConn, brought in over \$6 million in annual revenue, expanded our programs and services to multiple campuses, and provided educational opportunities to thousands of students who can attest to the quality and commitment that I had for UConn and my profession.

**Ram Gopal, South Windsor**

#### State Must Require HPV Vaccination

On Sept. 20, an article in The Courant, "HPV-Related Cancer Rates Outpace Vaccine Rates" [courant.com]

told of the country's rising incidence of human papilloma virus, or HPV, related cancers, despite the widespread availability of a safe and effective anti-cancer vaccine against HPV. It also described the troubling gender and racial disparities that persist in HPV vaccination administration rates nationwide and in Connecticut.

Highlighted in the article was the importance of clinicians offering this vaccine to young patients, as well as parents' acceptance of the immunization for their kids. As a physician caring for children and adolescents in Waterbury and New Haven, this rings true.

But parents and doctors can't do this alone. We need our state legislators in Hartford to enact requirements to vaccinate more children and stop these rising rates of cancer.

I urge our legislators to lead the nation by requiring the HPV vaccination for entrance to middle school. Making the vaccine mandatory would greatly boost the number of adolescents vaccinated against HPV, and put Connecticut rates on par with other life-saving vaccinations against diseases like meningitis, tetanus or polio.

**Hannah Rosenblum, M.D., New Haven**

#### Teacher Retirement System At Work

In his Sept. 21 op-ed "Stemerman, GOP Don't Grasp Fiscal Problems,"

Gov. Dannel P. Malloy outlined the facts concerning the state employees' pensions and the efforts made to address pension underfunding, both for the benefit of the state budget and the benefit of the employees.

However, the governor emphasized: "What is true, but goes unmentioned by Mr. Stemerman, is that our Teachers' Retirement System is in worse shape than the state employees' retirement system." Pew says that "TRS's risk of insolvency is not insignificant."

Beginning with my first paycheck in 1968, the state deducted 6 percent for the retirement fund. The plan was designed so that two thirds of the fund would come from teacher contributions and one third would come from the state. I kept my part of the deal, but the state did not. Instead, the legislators chose to underfund the pension obligations in order to balance budgets year after year.

To make matters worse, Connecticut teachers are not eligible to receive Social Security benefits that most people take for granted — Social Security spousal benefits for a widow or widower and, in some cases, Medicare. For those teachers who earned enough quarters to get Social Security benefits, those benefits are reduced more than 50 percent.

The well-being of all teacher retirees depends solving the pension-funding crisis. Let's hear the plan.

**Margaret Rick, West Hartford**

## Viewpoints

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HEALTH CARE

### Parents: Vaccinate your sons and daughters against cancer!

OCTOBER 5, 2018

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**W**ith the start of autumn comes all of the usual preparations for back-to-school: gathering supplies, buying new clothes and ...visits to the doctor. As a physician practicing in Waterbury and New Haven, I've spent the last several weeks seeing children for their yearly 'well-child visits.' After the routine topics have been covered, savvy kids know to ask: "Am I getting any shots today?"

**Hannah Rosenblum MD**  
Combined Internal Medicine/Pediatrics at Yale New Haven Hospital

Most of the vaccinations recommended by the Centers for Disease Control and required to enter public school in Connecticut are administered in early childhood and completed by age 4, and then begin again at age 11 (excepting the yearly influenza vaccine). But there is an additional and essential vaccine that was explicitly developed to prevent cancer: the vaccine against human papilloma virus (HPV). Our practice proudly offers it to boys and girls beginning at age 9.


Parents: I urge you to protect your child against cancer with this immunization against HPV.


# Government Shutdown- KevinMD




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## The crippling health effects of another government shutdown

ALANI GREGORY, MD | POLICY | FEBRUARY 12, 2019

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At midnight on February 15th, if Republicans and Democrats don't come to an agreement about border security funding, the [American people will be facing the possibility of a third government shutdown](#) since President Trump took office. The most recent government shutdown — the longest in history at 35 days — left nearly 800,000 Americans furloughed or working without pay. Federal benefits that millions of

### MOST POPULAR

PAST WEEK



**Why do patients call me by my first name?**

KAREN FAHEY, MD |  
PHYSICIAN

# Precision Medicine- *St. Louis American*

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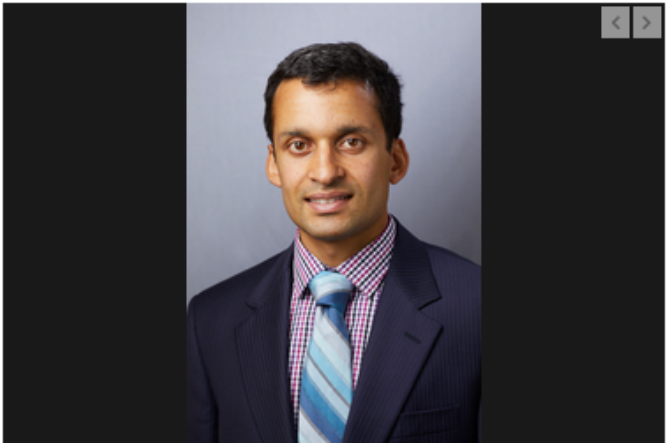
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## Imprecise medicine: the crossroads of Delmar and scientific innovation

By Michael Szavelly and Dr. Arjun Gokhale For The St. Louis American May 9, 2018 0



Robert A. Liask

**DISMANTLING THE DIVIDE**

Recently, Washington University School of Medicine accepted a \$10 million gift dedicated to precision medicine, ostensibly furthering the university's mission to alleviate human suffering through innovative clinical research. Precision medicine aspires to tailor treatments to a

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Decrease in deadly staph infections starting to slow

LOCAL NEWS

# Peer Review- Medscape

Edition: **ENGLISH** DEUTSCH ESPAÑOL FRANÇAIS PORTUGUÊS

Dr. H Rosenblum ⚙️

SEARCH



**Medscape** Saturday, March 16, 2019

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COMMENTARY

## To Maintain Trust in Science, Lose the Peer Review

Benjamin Mazer, MD, MBA; John M. Mandrola, MD

[DISCLOSURES](#) | February 19, 2019

130 Read Comments



"Trust me, I'm a doctor." In the Internet age, that phrase has never been more fraught. Uncertainty is the rule in medicine and science. In an ideal world, doctors, scientists, and laypeople would independently evaluate the evidence behind any scientific or medical statement. Instead, scientific and medical

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**Recommendations**



# Undocumented Patients- *Hartford Courant*

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Connecticut Legislative Committee Passes Recreational Marijuana

Mike Anthony: UConn got demolished by Houston Friday, a reminder of how

Lawmakers propose package of bills as discussion begins about

Live up high sc state c

OP-EDS

## The problem of health care for undocumented immigrants



By SOLMAZ EHTESHAMI-AFSHAR

HARTFORD COURANT

FEB 28, 2019

6:00 AM



Activist Jesus Campuzano comforts hunger striker Maria del Carmen Garcia, 65, as she joins picketers outside Northwestern Memorial Hospital on Monday, demanding that uninsured, undocumented immigrants are given equal access to organ transplants. Garcia's 21-year-old son Marcos Alvarez, in the photo, is on dialysis and needs a kidney transplant. (Michael Tercha/Chicago Tribune) (Michael Tercha, Chicago Tribune)

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# Care Coordination- *Journal of Graduate Medical Education*

ON TEACHING

## I Care (Coordinate) About You

Sharon Ostfeld-Johns, MD

**Y**ou don't have insurance, so I call the pharmacy to find out how much your prescriptions will cost, because I know what you can afford. I imagine you arriving at the pharmacy and being told your medicines are too expensive, and the choices you might have to make.

You are homeless and have been living out of your car. You are next in line to get low-income housing, but you become hospitalized with an infection in your foot that has spread to the bone. You need surgery and weeks of intravenous antibiotics. You are going to miss the deadline to sign your lease if you have the surgery when it's currently scheduled. I call the surgeons and make sure it's safe to perform the procedure sooner, then pressure them to reschedule. I know the only chance you have for recovery is housing.

You were on a downward trajectory in the intensive care unit and not eating well. The intern asked what

making the next step after hospitalization safe. It's a lot of time on the telephone, a lot of time on hold. A lot of time finding the right person to talk to, or the right form to fill out. It still involves sending faxes and dialing pagers. It's follow-through and multitasking and mental energy.

Many studies have found that physician (and specifically resident) burnout increases as time with patients decreases.<sup>1</sup> Residents spend half their time in front of a computer screen,<sup>2</sup> decreasing job fulfillment proportionally. Electronic health records are blamed for increased documentation requirements that take physicians away from the bedside, but for the most part, it is necessary and potentially life-saving documentation, because medical care has increased in complexity. There's more to coordinate. It's easy to say it's more fulfilling to be at the bedside. It's easy to get frustrated when there are obstacles. It's easy for residents to feel overwhelmed and build walls against

# Survey Data 2017-2018

<b>PRECOURSE ALL</b>	<b>AVERAGE WRITING ABILITY (1-10)</b>	<b>AVERAGE OP-ED WRITING ABILITY (1-10)</b>	<b>AVERAGE COMFORT (1-10)</b>
	6.16	4.40	3.03
TOTAL (39)			
%			

<b>POST ALL</b>	<b>AVERAGE WRITING ABILITY (1-10)</b>	<b>AVERAGE OP-ED WRITING ABILITY (1-10)</b>	<b>AVERAGE COMFORT (1-10)</b>
	7.16	6.74	6.98
TOTAL (35)			
%			

# Discussion



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The Academy advocates for the health of all children, and works with government, communities and other national organizations to shape many child health and safety issues



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Training Modules

Pointing you in the right direction  
towards becoming an effective  
advocate. ▶



Medicaid Factsheets

The American Academy of Pediatrics,  
in partnership with the National  
Association of Children's Hospitals,  
has created fact sheets that explain  
the importance of the Medicaid  
program, and how children in every  
state rely on it for their health care.  
▶

# Resources

# Reach out!

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