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Five ways to get a grip on teaching advocacy in medical education: The health humanities as a novel approach

Cinq façons d'aborder la notion de défense des intérêts des patients dans l'enseignement médical : miser sur les sciences humaines appliquées à la santé pour créer une nouvelle approche

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Résumé de l'article

Le rôle de défenseur des intérêts des patients est reconnu comme une compétence médicale à part entière. Malgré l'attention récente portée aux approches pédagogiques, ce rôle reste mal compris et difficile à enseigner. En parallèle, un nombre croissant de travaux démontrent la nécessité d'intégrer l'enseignement des sciences humaines dans les programmes d'études médicales. Nous présentons ici cinq façons d'utiliser les sciences humaines comme outil pour enseigner le rôle de défenseur des intérêts des patients, notamment : décentraliser le rôle d'expert du médecin, former des professionnels engagés, faire participer les apprenants aux décisions relatives au programme d'études, valoriser les sciences humaines (et le montrer), et rester pratique.

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Black Ice

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Abstract

The advocate role is recognized as an intrinsic medical competency. Despite recent attention to pedagogical approaches, it is a role that remains poorly understood and difficult to teach. At the same time there is a growing body of evidence showing the necessity of incorporating humanities-based education into medical curricula. Here, we present five ways to use the humanities as a tool for teaching the advocate role including: decentre the physician as expert, develop engaged providers, engage learners in curricular decisions, value the humanities (and show it), and keep it practical.

Résumé

Le rôle de défenseur des intérêts des patients est reconnu comme une compétence médicale à part entière. Malgré l'attention récente portée aux approches pédagogiques, ce rôle reste mal compris et difficile à enseigner. En parallèle, un nombre croissant de travaux démontrent la nécessité d'intégrer l'enseignement des sciences humaines dans les programmes d'études médicales. Nous présentons ici cinq façons d'utiliser les sciences humaines comme outil pour enseigner le rôle de défenseur des intérêts des patients, notamment : décentraliser le rôle d'expert du médecin, former des professionnels engagés, faire participer les apprenants aux décisions relatives au programme d'études, valoriser les sciences humaines (et le montrer), et rester pratique.

Introduction

For many physicians, advocacy has long been integral to good clinical care. Yet it is one of the most complex of the seven CanMEDs competencies and educators may not feel well-equipped to teach nor assess learners (i.e., medical students or residents) in this domain.[1,2] Not surprisingly, residents state that their advocacy learning needs are not being met.[3] Though definitions of health advocacy in the literature vary, a 2017 review defines health advocacy as "...ensuring access to care, navigating the system, mobilizing resources, addressing health inequities, influencing health policy and creating system change."[4]

Parallel to the discourse on advocacy is a growing body of literature on the benefits of incorporating the humanities into medical education. Though the term 'medical humanities' varies widely, we use the definition provided by Carr et al. in their 2021 review.[5] They define the medical/health humanities as an interdisciplinary approach to understanding health, including the traditional humanities (e.g., literature, philosophy, history), the values-oriented social sciences (e.g., anthropology, sociology, law) and the arts (e.g. theatre, film, poetry, graphics).

The same review found that curricula of health professions used the health humanities to foster skills including communication, self-reflection, and person-centred approaches among others. Such qualities can form the basis for advocacy work in many areas of medical practice. The humanities also have an important role in helping learners maintain empathy.[6] For example, narrative competence and close attention to story (e.g., reading fiction, reflective writing) have been shown to promote empathy in medical trainees.[6] We also know that empathy and advocacy are closely linked.[7]

As such, we propose five strategies for using humanities-based education as a tool for teaching advocacy to medical learners, informed by our experiences at Dalhousie University.

Five Ways to Get a Grip

1. Decentre the doctor

The term 'medical humanities' is problematic, though it remains widespread. It centres the physician as 'knowledge holder' in a sphere where expertise is held by others. At Dalhousie, faculty across disciplines such as in the Law, Bioethics and Political Science departments are critical to effective medical education, as are community-based experts.

For example, lawyers help teach the complex relationship between industry, patient groups, and formulary coverage. Ethicists guide the nuances of topics like informed consent and advanced care planning. Patients take part in panels within lectures. This process models interdisciplinarity and allows for the formation of unexpected allies in the advocacy efforts with which learners may engage.

2. Develop engaged providers

We employ a scaffolded approach to professional competency development, with deep listening and holistic understanding as a foundational skill. For example, first year medical trainees are often unaware of the physical and emotional labour of caregiving, so to complement lectures, a community member shares her personal story, offering a more expansive view of caregiving. This activity aligns with the 'first voice' movement, a concept within narrative medicine framework that fosters active listening.[8]

In another activity delivered as part of an interdisciplinary lecture, second-year students were asked to read a case and draft a piece of writing based on that case for the purpose of advocacy. The activity provided students with practical tools for understanding patient experience and translating this into compelling content for another party - in short, advocating as a physician.

At a systemic level, there is evidence that physician expertise is important to addressing policy concerns through publicly visible leadership.[9] Teaching using the humanities exposes students to new perspectives and methods that might ultimately become part of a visible advocacy practice.

3. Engage learners in curricular decisions

A limitation in traditional advocacy education is that it relies upon the experience and knowledge of the preceptor.[10] This disconnect between preceptors and learners may remove agency from learners in developing advocacy as part of a personal professional identity. For humanities-based advocacy education to lead to sustained activity by participants, programs and frameworks benefit from involving trainees in decisions about their learning.

A family medicine resident, for example, completed a creative non-fiction book manuscript as her final resident project about caring for her mother who had died from Amyotrophic Lateral Sclerosis (ALS). This project was an exercise in self-reflection for the resident as a physician. As she aims to publish the work, it may also offer a form of community to other caregivers who read it, and it may serve as a communication tool for the public or policy makers. This learner remained engaged and passionate about the project during her residency, as both the topic (based on personal experience) and the humanities-based format (writing) were of great interest to her.

4. Value the humanities and show it

A key obstacle to implementing humanities-based advocacy training is the hidden curriculum, which favours technical and procedural skills over those of nuanced cognitive and social interactions.[10] Positioning humanities-based medical education as optional has compounded this divide. We have begun to incorporate the humanities into case-based learning tutorials through required preparatory readings and resources. Second year medical students take part in a music and visual art interpretation session to improve critical thinking skills. When we require and normalize the humanities, rather than relegating them to the fringe as optional, we validate them as a valuable pedagogical tool.

5. Keep it practical

The link between the humanities and medicine is not abstract, and this connection may be clarified for learners in practical ways. Students at our institution may participate in 'clinical humanities' experiences. This is when a traditional medical training experience (e.g., an elective) is coupled with, and informs, a humanities project. With clinical humanities learning experiences, the application of the humanities becomes evident, and at the same time, trainees generate a tangible product. For example, one resident worked in the regional COVID Unit and published an article in a provincial newspaper about the importance of story in medicine. That work also served to reinforce trust in public health measures at a time when misinformation was pervasive.

A new way forward

We do not expect every student will become a public advocate or expert in medical humanities. Our expectation is that the health humanities are a worthwhile tool to teach health advocacy. Our institution has been able to implement strategies, ways to get a grip in teaching advocacy in medicine, which we hope can be useful to others similarly engaged in advocacy education.

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