

## Physician as Advocate: Beyond the Exam Room

### Course Director:

Joslyn (Joey) Fisher, MD, MPH, FACP  
Associate Professor of Medicine  
Section of General Medicine, BTGH  
(o) 713-873-3560; (pgr) 281-952-4330  
[joslyn@bcm.edu](mailto:joslyn@bcm.edu)

### Co-Directors:

Julieana Nichols, MD, Assistant Professor of Pediatrics  
[nichols@bcm.edu](mailto:nichols@bcm.edu)

### DESCRIPTIVE SUMMARY:

Though the precise role of physicians within the dynamic health care system & society is not clearly defined, physicians are often expected to become community leaders and advocates for the health of the public. This course is geared to inspire future physicians to participate in civil society, service to the community, and active engagement on behalf of the public interest. The course sessions will provide insiders' views into the process of promoting change through use of leadership skills such as community organizing, media advocacy, lobbying, and health services research to effect patient-oriented health policy. This elective offers a broad introductory overview of a sample of important public health issues ranging from children's advocacy to international health issues to health insurance. The format of the course sessions will vary and will include journal clubs (with critical review of articles), panel discussions, and invited speakers.

### GOALS:

1. The medical student will recognize his / her responsibility as a professional and strengthen his / her potential as an advocate for the individual patient as well as for public health.
2. The students will develop fundamental skills necessary to parlay social awareness into substantive change such as health policy.

### Objectives:

Upon completion of this elective, students will be able to:

1. Describe briefly the potential role of the physician as advocate on at least 3 levels (ie. individual/patient, institutional, community, state, national and/or global level.)
2. Locate supportive resources applicable to topic of interest.
3. Identify barriers to advocacy and strategies to overcome them.
4. Develop a project proposal in preparation for submission to a funding source.

**Time Commitment:** Mondays and Wednesdays: 12:00 – 1:00 pm

**Prerequisite:** none. The scheduling is geared toward first year students; however, if other students are interested and available without conflicting commitments, they may sign up also.

### Evaluation & Grades:

Pass or Fail; 2 excused absences

Evaluation will be ongoing with mid-course & final feedback based on the following:

1. Participation in class discussions. (75%)
  - A course syllabus with required readings will be provided in ERC.
2. GROUP Project proposal: 3 - 5 pages (25%) – See Appendix 3 for guidelines. (or power point)
  - a. To be turned in by last day of class.
  - b. Brief (10-20 minute) presentation of proposal or summary of project.

## **COURSE OUTLINE / SYLLABUS:**

**\*\* = Recommended Reading (otherwise – supplementary reading). Copy of syllabus in ERC.**

### **Session 1: Introductions & Overview & Advocacy 101 (J.Fisher)**

#### 1. Overview/Orientation – Course, Goals, Requirements

- Action Activity: Identify Health Care Issue – start thinking about small groups

Gruen et al. Physician-Citizens – Public Roles and Professional Obligations. JAMA. 2004;291:94-98.

Gruen et al. Public Roles of US Physicians. JAMA. 2006; 296:2467-2475.

Earnest et al. Physician Advocacy: What Is It and How Do We Do It? Acad Med. 2010; 85:63-67.

### **Session 2: Advocacy Throughout Your Training & Connecting with your Legislator**

#### ***John Berens, MS3, Other Students from Care of the Underserved Pathway***

- Action Activity: Write letter to decision-maker/policymaker.

Objectives:

1. Summarize 5 skills in order to be an effective lobbyist.

2. Identify key steps in preparation for lobbying effort.

Readings:

\*\*Landers SH, Sehgal. How do physicians lobby their members of Congress? Arch Int Med 2000;160:3248-51.

### **Session 3: Advocacy 101 – Identifying the Healthcare Issue**

#### ***Jeffrey Starke, MD, MPH, Professor of Pediatrics*** <http://childrenatrisk.org/>

- Action Activity: 2-4 bullet points for background – why issue is important?

Objectives:

1. Identify the issues and roles for the physician advocate (or physician-citizen).

2. Describe characteristics & skills for successful advocacy.

Readings:

Children at Risk Report

Silver-Isenstadt A. Times of a Medical Student Activist. JAMA. 1996. 276;1435-37.

Jones R. Declining altruism in medicine. BMJ. 2002; 2:256-7.

Geraghty K. Protecting the public: Frances Oldham Kelsey, MD, PhD (Essay – Professing Medicine 2002)

### **Session 4: Do's & Don't INTERACTING WITH THE MEDIA**

#### ***Danielle Ruth Sorelle, Chief Science Editor, Public Affairs, BCM***

- Action Activity: Write draft of Op-Ed piece or Letter to Editor.

Objectives:

1. Identify pertinent venues with which to use media.

2. Describe relevant “do’s and don’t’s” when interacting with representatives with the media.

3. Develop key message about your project for the media.

Readings:

\*\*Example Editorials. \*\* Summary of steps to interacting with media.

Suggested readings:

Wallack L. Dorfman L. Media advocacy: A strategy for advancing policy and promoting health. Health Education Quarterly. 1996; 23(3):293-317.

AMSA reading material. <http://www.amsa.org/resource/>

### **Session 5: Collaborating for Change: Strategies for Community Engagement**

#### ***Ann Smith Barnes, MD, MPH, Assistant Professor of Medicine, BCM,***

Director of Weight Management and Disease Prevention, Harris Health System

- Action Activity: list key stakeholders

Objectives:

1. List examples of how an organization can be informed by its consumers.

Readings:

\*\*O'Brien et al. Putting children first: The pediatrician as advocate. Contemporary Pediatrics. 1997? 14:103-118.

Buck DS, Rochon D, Davidson H, McCurdy S, for Members of the CHANGE Committee. Involving homeless persons in the leadership of a health-care organization. *Qual Health Res.* 2004;14:513-525.

### **Session 6:**

#### **How to get Free Money - the crazy, mixed-up world of philanthropy**

**Matthew Barnes, Consultant**

- Action Activity: Develop a budget for project and find 2-3 potential funding sources

Objectives:

1. Identify basic skills in developing a budget.
2. Recognize foundations' criteria for funding project proposals.

<http://foundationcenter.org/>

### **Session 7: Leadership 101**

**Lisa Hollier, MD, MPH, Professor of Ob/Gyn, BCM, ACOG**

**Claire Bocchini, MD President, [www.doctorsforchange.org](http://www.doctorsforchange.org) & Assistant Professor of Pediatrics**

**Objectives:**

1. Recognize diverse opportunities for community leadership.
2. Review steps to becoming a public leader.

### **Session 8: SUSTAINING SELF: MAINTAINING MOMENTUM**

**Scott Basinger, PhD, [scottb@bcm.edu](mailto:scottb@bcm.edu) Associate Dean, MD/PhD program, BCM**

Executive Director, [www.hopeandhealingcenter.org/](http://www.hopeandhealingcenter.org/)

Objectives:

1. Identify resources to aid in sustaining self in the face of frustration.

Readings:

\*\*Shainafelt TD, et al. Burnout and self-reported patient care in an internal medicine residency program. Ann Intern Med. 2002;136:358-67.

### **Session 9: Program Evaluation: Why it is important & strategies for evaluating advocacy activities**

**Geoff Preidis, MD, PHD, co-founder Health Empowering Humanity <http://www.heh.org>**

### **Session 10: MOCK GRANT REVIEW**

#### **GROUP PROJECT PROPOSALS & LUNCH & COURSE EVALUATION & FEEDBACK**

1. Project Proposals: Oral Presentation (s) – Power Point or other format
2. Course Evaluation & Feedback

## APPENDIX 1: OTHER REFERENCE/RESOURCE MATERIALS

### Tobacco

(no authors). Smoking and health: physician responsibility. A statement of the Joint Committee on Smoking and Health. American College of Chest Physicians, American Thoracic Society, Asia Pacific Society of Respiriology, Canadian Thoracic Society, European Respiratory Society, and International Union Against Tuberculosis and Lung Disease. Chest. 1995;108(4):1118-21.

Barnes, MM. A mandate for physician activism in the war against tobacco. Arch Fam Med. 1997;6:215-7.

King C, Siegel M. The master settlement agreement with the tobacco industry and cigarette advertising in magazines. N Engl J Med. 2001;345:504-11.

### Other / General Advocacy Issues

Bateman, Neil. A structure for advocacy in Advocacy Skills for Health and Social Care Professionals. 2000. Athenaeum Press. London.

Pearson, SD. Caring and cost: the challenge for physician advocacy. Ann Intern Med. 2000; 133(2):148-53.

Covey SR. Seven Habits of Highly Effective People. (selected sections)

Pan R. Social responsibility: do physicians have special obligations? JAMA. 1990;263(1):139.

Crandall, SJ, Volk Rj, Loemker B. Medical students' attitudes toward providing care for the underserved. Are we training socially responsible physicians? JAMA. 1993; 269(19):2519-23.

Emerson, RW. Man the Reformer in America's Voluntary Spirit, pp 49-52.

Wynia MK, Latham SR, et al. Medical professionalism in society. NEJM. 1999; 341:1612-1616.

Minkler, M. Improving Health through Community Organization and Community Building. Community Organization and Community Building for Health. Rutgers University Press, 1999. Chapter 3, p. 30-48.

### International Issues

Banatvala, N. Public health and humanitarian interventions: developing the evidence base. BMJ 2000; 321:101-105.

Moreno, A., Piwowarczyk, L., Grodin, MA. Human rights violations and refugee health. JAMA. 2000;285:1215.

Weine, S. From war zone to contact zone: Culture and refugee mental health services. JAMA. 2000; 285:1214.

### Homeless

Gelberg L, Anderson RM, Leake BD. The behavioral model for vulnerable populations: Application to medical use and outcomes for homeless people. Hlth Serv Res. 2000; 34:1273-1302.

Gelberg L. Health, homelessness, and poverty. Arch of Intern Med. 1990; 150(11):2325-30.

Kleinman LC, Perlman J, Freeman H, and Gelberg L. Homing in on the homeless: Assessing the physical health of homeless adults in Los Angeles County using a novel method to obtain physical exam data in a survey. Health Services Research. 1996; 31(5): 533-49.

Robertson M, Cousineau M. Health status and access to health services among the urban homeless. Am Jnl Pub Hlth. 1986; 76(5):561-63.

### Research

Gamble VN. Under the Shadow of Tuskegee: African Americans and Health Care. *American Journal of Public Health*, 87: 1773-8, 1997

### Websites:

American College of Physicians <http://www.acponline.org/advocacy/?hpnv>

American Medical Association <http://www.ama-assn.org/ama>

American Medical Student Association <http://www.amsa.org>

Physicians for a National Health Program <http://www.pnhp.org>

Public Citizen <http://www.citizen.org/hrq>

Universal Health Care Action Network <http://www.uhcan.org>

<http://www.aamc.org/advocacy/start.htm>

[http://www.sph.uth.tmc.edu/champs/Texas\\_Healthand\\_Policy\\_Links/table\\_of\\_contents.htm](http://www.sph.uth.tmc.edu/champs/Texas_Healthand_Policy_Links/table_of_contents.htm)

CU LEADS Health Policy Module at [www.CUAdvocate.org](http://www.CUAdvocate.org)

[http://www.patchadams.org/education/healthcare\\_intensive](http://www.patchadams.org/education/healthcare_intensive) or [http://www.patchadams.org/education/medical\\_elective.html](http://www.patchadams.org/education/medical_elective.html)

Physicians for a National Health Program [www.pnhp.org](http://www.pnhp.org)

Health Care for All Texas [www.healthcareforalltexas.org](http://www.healthcareforalltexas.org)

Kaiser Family Foundation [www.kff.org](http://www.kff.org)

American Medical Student Association [www.amsa.org](http://www.amsa.org)

Urban Institute [www.urban.org](http://www.urban.org)

UF resource for help writing opinion editorials  
<http://www.urel.ufl.edu/media-relations/news-bureau/op-ed-service/>  
<http://www.urel.ufl.edu/media-relations/news-bureau/op-ed-service/op-ed-tips/>

Texas Medical Association <http://www.texmed.org/>

## APPENDIX 2: TOPICS FOR SPEAKERS TO ADDRESS

1. Background: how do you define activism/advocacy? How did you get interested in medical activism?
2. Activities: Describe things you have done as an health advocate. What activists do you admire/why?
3. Obstacles: What obstacles have you faced? How have you dealt w/ burnout? Discouragement? How have you balanced being an activist w/ other responsibilities (work, family, personal needs)?
4. Help: What helped you to succeed when others have failed or been marginalized? Has your institution been supportive of your work?
5. Impact: How have you (or your project) evaluated the impact of your intervention?
6. Advice for med students: What advice do you have for med student who want to be advocates? Do you have any specific suggestions for service or research related projects that students can do?

## APPENDIX 3: PROJECT GUIDELINES/IDEAS

1. Project proposal (2-8 students per group).
  - a. Background:
    - What is the problem?
    - Why is it important for a physician to address? (ie. What are the health related issues?)
    - What is the overall project **goal** & list 3 measurable objectives?
  - b. Methods:
    - Describe **what you propose** to do.
    - Include a timetable to meet objectives.
    - How will you **evaluate** (or measure) the impact of your project? (survey, qualitatively)
  - c. Obstacles:
    - What obstacles are you likely to face?
    - How do you plan to manage them?
  - d. Supportive Structures / Collaborators / Potential Funders:
    - What or Who will help you?
    - How will you use the media? Consider write sample article or outline of media campaign.**
  - e. **BUDGET** – is your project feasible? i.e. can you create a rough estimate of the budget?
  - f. Expected Results:
    - What do you expect to find?
    - Will your project influence policy?
    - How can you maximize the impact of your results?
    - Will your project be a one time project or ongoing – if ongoing, how will it be **sustained** over time?

### Examples of Project Proposals:

1. Design a medical student run clinic for an underserved population.
2. Develop an international journal “recycling” service.
3. Coordinate a participatory action based community needs assessment among an immigrant population.
4. Create a health education series / module for junior high & / or high school students.