An Advocacy and Leadership Curriculum to train Socially Accountable Medical Learners

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INTRODUCTION

• Why advocacy?
  – Where is health?
Not here (primarily at least)…
But here:

Community Organisation
BACKGROUND

• Literature and informal surveys show we are not preparing our students to be effective advocates for patients, communities, and populations
We go into residency like this:
And we come out like this...
METHODS

• We set out to create a comprehensive advocacy and leadership curriculum
RESULTS

- A competency- and milestone-based, CanMEDS harmonized ALC
FEATURES

• Mandatory and universal
• Patient, Institution, and Community/Population levels of advocacy
• Focus on partnership \textit{with} patients in advocacy
FEATURES

• Theoretical, skill-based and application-based Learning Objectives

• Better assessment of advocacy and leadership in clinic

• Longitudinal advocacy projects (Can be QI)

• Advocacy preceptors (interprofessional)

• Advocacy project groups (interprofessional)
FEATURES

• Sample competencies and milestones
• Sample projects and project guidelines
• Implementation guidelines
• Sample 4 year curriculum (for medical school)
• Evaluation and assessment guidelines
CONCLUSION

• The ALC exists and is ready for implementation
• Via weaving (not adding) and the implementation of projects and preceptors, we can teach advocacy with little time
IMPLICATIONS

- Implementing an ALC is one way to improve medical school social responsibility
- Great way to get closer to populations served
- Projects undertaken in partnership can create positive change
THANK YOU

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