



Teaching and Learning Enhancement Fund

TLEF Project – Final Report

Report Completion Date: (2020/04/24)

1. PROJECT OVERVIEW

1.1. General Information

Project Title:	Health advocacy for health professional students		
Principal Investigator:	Angela Towle		
Report Submitted By:	Angela Towle		
Project Initiation Date:	April 1, 2019	Project Completion Date:	March 31, 2020
Project Type:	<input type="checkbox"/> Large Transformation <input checked="" type="checkbox"/> Small Innovation <input type="checkbox"/> Flexible Learning <input type="checkbox"/> Other: [please specify]		

1.2. Project Focus Areas – Please select all the areas that describe your project.

- Resource development (e.g. learning materials, media)
- Infrastructure development (e.g. management tools, repositories, learning spaces)
- Pedagogies for student learning and/or engagement (e.g. active learning)
- Innovative assessments (e.g. two-stage exams, student peer-assessment)
- Teaching roles and training (e.g. teaching practice development, TA roles)
- Curriculum (e.g. program development/implementation, learning communities)
- Student experience outside the classroom (e.g. wellbeing, social inclusion)
- Experiential and work-integrated learning (e.g. co-op, community service learning)
- Indigenous-focused curricula and ways of knowing
- Diversity and inclusion in teaching and learning contexts
- Open educational resources
- Other: [please specify]



1.3. Project Summary

Health advocacy is an increasingly important component of health professional education in Canada. It encompasses activities related to ensuring access to care, navigating the system, mobilizing resources, addressing health inequities, influencing health policy and creating system change. Despite its importance, all professions struggle with how to teach and assess health advocacy in the curriculum in ways that engage students, develop practical skills and encompass the breadth of advocacy activities. The objective of this project was to adapt a workshop and materials we have previously developed for medical postgraduate trainees to meet the needs of UBC students in health professional programs, beginning with Occupational Therapy, Physical Therapy, Pharmacy and Medicine. In order to accommodate the needs of students in different professional programs, physically located across the province, and who have different advocacy interests, we developed flexible educational resources for teaching different kinds of health advocacy that students, as future health professionals, might engage in through collaboration with patients, community-based organizations, and other health professionals to effect change at the level of individual patients and at the level of health systems. The learning resources include: 1) a workshop adapted for physical therapy, occupational therapy, and pharmacy students with a framework for teaching and learning different kinds of health advocacy, cases and video vignettes, and assessment tools; 2) modules and experiential learning about housing and homelessness piloted with medical students.

1.4. Team Members – Please fill in the following table and include ***students***, undergraduate and/or graduate, who participated in your project.

Name	Title/Affiliation	Responsibilities/Roles
Angela Towle	Co-Director, Patient & Community Partnership for Education, UBC Health, and Associate Professor, Department of Medicine	Project lead, steering committee, pilot testing, case development
Donna Drynan	Course Director OSOT 549, Department of Occupational Science and Occupational Therapy	Steering committee, pilot testing workshop in OSOT 549, case development
William Godolphin	Co-Director, Patient & Community Partnership for Education, UBC Health, and Professor, Department of Pathology & Laboratory Medicine	Steering committee, pilot testing, case development
Maria Hubinette	Theme lead for Health Advocacy and Social Determinants of Health, and Undergraduate Director, Department of Family Practice	Steering committee, pilot testing with medical students
Cathy Kline	Research Coordinator, Patient & Community Partnership for Education, UBC Health	Project management and coordination
Matthew Laing	Medical Student	Pilot testing



Janet Lundie	Course Coordinator PHTH 566, Department of Physical Therapy	Steering committee, pilot testing workshop in PHTH 566, case development
Sue Murphy	Head, Department of Physical Therapy	Steering committee, pilot testing in PHTH 566
Kerry Wilbur	Executive Director, Entry-to-Practice Education, Faculty of Pharmaceutical Sciences	Steering committee, pilot testing workshop in Pharmacy Program Enrichment Activity Day program (PEADs)
Alec Yu	Medical Student	Steering committee, pilot testing with medical students
Darren Lauscher	Co-chair, UBC Health Patient & Community Advisory Committee	Steering committee, workshop facilitation, case development
Sue Macdonald	Director, Patients in Education	Steering committee, workshop facilitation, case development
Mandy Young	Health Mentor	Steering committee, workshop facilitation, case development

1.5. Courses Reached – Please fill in the following table with ***past, current, and future*** courses and sections (e.g. HIST 101, 002, 2017/2018, Sep) that have been/will be reached by your project, including courses not included in your original proposal (you may adapt this section to the context of your project as necessary).

Course	Section	Academic Year	Term (Summer/Fall/Winter)
OSOT 549		2019-20, 2020-21	Fall
PHTH 566		2019-20, 2020-21	Summer
Pharmacy Program Enrichment Activity Day program (PEADs)		2019-20, 2020-21	Fall/Winter
MEDD 431		2019-20	Fall/Winter



2. OUTPUTS AND/OR PRODUCTS

2.1. Please list project outputs and/or products (e.g. resources, infrastructure, new courses/programs). Indicate the current location of such products and provide a URL if applicable.

Product(s)/Achievement(s):	Location:
Workshop package with learning objectives, a health advocacy framework applicable to different health professions, cases that illustrate different kinds of discipline specific health advocacy, video vignettes of patient perspectives, student assessment and evaluation resources. The workshop package was developed through pilot testing with physical therapy, occupational therapy and pharmacy students and subsequent revisions.	The package is available through Patient & Community Partnership for Education in the Office of UBC Health
Two new modules titled " Approach to a Patient Facing Homelessness " and " Conducting a Social Needs Assessment " An experiential learning experience on housing and homelessness was launched through the Rural Family Practice Program in the MD Undergraduate Program. This included an interview with a patient with living or lived experience of homelessness, and the creation of a social resources map for rural communities across the province. This program was successfully piloted and feedback was obtained for a cohort of 20 students. We will make improvements on the program and aim to implement this for the MD Class of 2022.	Both modules are housed on the MEDD 431 Rural Family Practice landing page on the Entrada website for the MD Undergraduate Program
Two new videos of real patient stories of health advocacy for the Living Library	UBC’s online learning management system (Canvas). Members of the UBC community can self-enroll to use the Living Library at: https://canvas.ubc.ca/courses/25637

2.2. Item(s) Not Met – Please list intended project outputs and/or products that were not attained and the reason(s) for this.

Item(s) Not Met:	Reason:
We planned to develop new cases and had arranged to meet with a range of disability groups to get examples of health advocacy for the cases. The following community organizations are interested in working with us to develop new cases: Spinal Cord Injury BC, Community Living Society of BC, Inclusion BC, Developmental Disabilities BC, and Disability Alliance BC, and Community Living BC.	This is on hold due to the COVID-19 pandemic.
Additional pilots were planned with medical students.	This is on hold due to the COVID-19 pandemic.



Discussion guide for Living Library videos

This work is in-progress but delayed because of COVID-19. Expected completion August 2020.

3. PROJECT IMPACT

3.1. Project Impact Areas – Please select all the areas where your project made an impact.

- Student learning and knowledge
- Student engagement and attitudes
- Instructional team teaching practice and satisfaction
- Student wellbeing, social inclusion
- Awareness and capacity around strategic areas (indigenous, equity and diversity)
- Unit operations and processes
- Other: [please specify]

3.2. What were you hoping to change or where were you hoping to see an impact with this project? – Please describe the intended benefits of the project for students, TAs, instructors and/or community members.

We were hoping to change the way students in the health professions think about health advocacy. In particular we wanted to expand students’ understanding of health advocacy beyond advocacy for individual patients or clients and to emphasize advocacy as a collaborative partnership with the public and other professionals – advocacy ‘with’ rather than ‘for’. We wanted students to learn about health advocacy from the perspective of individual patients, care givers and community organizations and how what they do can make a difference in people’s lives.

Students often conflate health advocacy with health promotion or advocating for their profession. As novices in their field, the idea of advocating for systems change can be intimidating because they think of it in terms of their role as an individual health professional. The workshop helps them to think about small scale changes they can do as an individual health professional as well as how they might work collaboratively with others on larger systems issues.

With the homelessness modules we wanted students to be able to:

- Define different states of homelessness and describe their effects on health.*
- Ask key screening questions to a patient who may be homeless.*
- Perform a complete medical examination considering a patient’s housing status.*
- Perform a basic social needs assessment.*
- Know where to find resources to support those at risk of homelessness.*
- Create a social needs map for your Rural Family Practice community.*
- Perform a social needs assessment in a rural community.*



3.3. Were these changes/impacts achieved? How do you know they occurred? – *What evaluation strategies were used? How was data collected and analyzed? You are encouraged to include copies of data collection tools (e.g. surveys and interview protocols) as well as graphical representations of data and/or scenarios or quotes to represent and illustrate key themes.*

We used word clouds produced by students before and after the workshop about what health advocacy means. The word clouds showed that students' ideas about health advocacy shifted from health promotion and raising awareness to being agents of change at the level of health systems (see example before and after Word Clouds in Appendix B).

Post workshop evaluations (see Evaluation survey tool Appendix C) showed similar gains in moving students' thinking beyond 'advocacy for' to 'advocacy with' patients, families, communities and other health professionals. For example:

"It emphasized to me the importance of advocating with people instead of solely advocating on their behalf." – Student, Occupational Therapy

"Advocacy means much more than education. Advocacy can include patients and systems in which change can take place." – Student, Pharmacy

In a survey of students who had completed the homelessness modules (n=12):

- 9 agreed or strongly agreed that the program provided them with a better understanding of health and housing
- 10 agreed or strongly agreed that the program provided them with useful resources to refer patients with social needs to
- 8 agreed or strongly agreed that the program gave them the tools to perform an adequate social needs assessment
- 9 agreed or strongly agreed that the program gave them the confidence to successfully engage with patients who face homelessness
- 11 agreed or strongly agreed that the program was presented in an engaging manner.
- 5 agreed or strongly agreed that creating a social needs map was useful for their learning and/or beneficial for their preceptor's practice.
- 11 students interviewed a patient with living or lived experience of homelessness, and 9 agreed or strongly agreed that it was helpful to their learning and future clinical practice.

3.4. Dissemination – *Please provide a list of **past** and **upcoming** scholarly activities (e.g. publications, presentations, invited talks, etc.) in which you or anyone from your team have shared information regarding this project.*

Workshop: Novel Approaches to Evaluation of Experiential Learning from Patients

We developed a workshop to demonstrate different approaches we have used to evaluate experiential learning from patients and pilot tested it with staff from the Centre for Community Engaged Learning and Community Engagement office. The workshop was accepted for presentation at the Canadian Association for Health Humanities 'Creating Space 10' conference, to have been held in April 2020, but unfortunately cancelled because of COVID-19.



4. **TEACHING PRACTICES** – Please indicate if ***your*** teaching practices or those of ***others*** have changed as a result of your project. If so, in what ways? Do you see these changes as sustainable over time? Why or why not?

Occupational Therapy (Donna Drynan)

Through delivery of the Advocacy curriculum, made possible by the TLEF, we have added an Advocacy module as a recurring class to the course OSOT 549: Professional Development of the Occupational Therapist II. Advocacy is a strong theme in the entire course and this unique approach to advocacy, highlighting the patient's perspective, helps provide differing viewpoints to the learners and allow them to appreciate advocacy from numerous approaches based on the model developed and presented in the curriculum. Students rate this class very high including: method of delivery, content as well as relevancy to them as future occupational therapists. We will be able to sustain this content in a modified form, most likely not able to include as many consumers in the class, but will be able to maintain the main messaging and integrity of the curriculum.

Pharmacy (Kerry Wilbur)

HEALTH ADVOCATE is one of the seven competency roles necessary for pharmacy graduates in Canada to form a medication expert. It is defined in the national educational outcome framework as the ability to "*demonstrate care for individual patients, communities, and populations by using pharmacy expertise to understand health needs and advance health and well-being of others*".

The TLEF-supported workshop outlined what advocacy roles look like across health professions and what it means to pharmacy, specifically. In our program, this workshop highlighted a gap in our curriculum in socializing our students to advocacy. In a separate TLEF-supported project coincidentally running in parallel, we are finding that students in the workplace-based learning component of our curriculum have a superficial conceptualization of what it means to be an advocate in actual practice.

This workshop proved to be a key rallying point for our curriculum to be more explicit about the fulsome roles of advocacy in pharmacy which we wish to continue somehow. The patient-focused nature of this content was a powerful instructional component. An advocacy-focused workshop could easily continue in our curriculum moving forward; however, the patient perspective may be a limiting factor to sustainability.

Physical Therapy (Janet Lundie)

Health advocacy is part of the professionalism stream in the MPT (Masters of Physical Therapy) program with content provided in PHTH 566 as part of one of the final courses in the program. The content has been very broad and nonspecific in the past and course feedback indicated that this was an area of practice students did not feel well prepared to address as entry to practice physical therapists.

The TLEF provided our program with the opportunity to introduce a practice tool and health advocacy workshop into the curriculum for PHTH 566 which will be sustainable over time. A framework for development of a case study with a rehab focus is also available for us and we hope to develop this in the near future. Integration of the tool in particular earlier in the program so students can use it for guidance during clinical education is also being discussed but is not finalized at this time.

This project is a model for planning with patient partners and with health care teams that will be used in other areas of the MPT curriculum.



5. PROJECT SUSTAINMENT – *Please describe the sustainment strategy for the project components. How will this be sustained and potentially expanded (e.g. over the next five years). What challenges do you foresee for achieving the expected long-term impacts listed above?*

We have commitment from occupational therapy, physical therapy, and pharmacy programs to continue using the resources in their curriculum (see section 4 above). The video vignettes are also available to the UBC community on Canvas and are part of a first-year course for pharmacy students. We expect the availability of patient partners will be a challenge and we intend to develop new partnerships and cases to expand the number of patients available to help deliver the workshop. In the meantime, the video-vignettes are designed to help fill this gap.

The next iteration of the homelessness modules will incorporate the feedback from students and preceptors as part of the Year 3 Rural Family Practice in the MD undergraduate program. It will be launched to all students with regular feedback and data collection from students and preceptors to improve upon the program and keep it up to date.

Possible challenges include:

- Time commitment in keeping the modules up to date
- The need to redesign large components of the intervention, in particular the Social Resources Map, as more students complete this activity in the same communities.
- To need to appropriately and adequately assess students on the learning objectives of this activity.



Appendix C: Health Advocacy Workshop Evaluation

Health Advocacy Workshop Evaluation

Your feedback is important and will help us improve the workshop. Please respond by **[2 weeks post workshop]**.

Thank you!

Q1 Compared to other educational experiences I have had about [discipline] competencies, on a scale of 1 to 5, this experience was:

- One of the worst experiences
- 2
- 3
- 4
- One of the best experiences

Q2 How useful was the introduction to the health advocacy framework? (Check one)

- Not very useful
- 2
- 3
- 4
- Very useful

Q3 Please comment on the reason for your rating and any suggestions you have for improvement:



Q4 How useful was the case discussion? (Check one)

- Not very useful
- 2
- 3
- 4
- Very useful

Q5 Please comment on the reason for your rating and any suggestions you have for improvement:

Q6 How useful was the moderated report back discussion? (Check one)

- Not very useful
- 2
- 3
- 4
- Very useful

Q7 Please comment on the reason for your rating and any suggestions you have for improvement:



Q8 In what ways has the workshop made you think differently about health advocacy?

Q9 Other suggestions for us?

End of Block: Evaluation Survey
