



CAME Voice/Voix

The Advocacy and Leadership Curriculum (ALC): Result of a Medical Student-Medical Educators Collaboration

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The roles of Health Advocate and Leader are clearly articulated in the Royal College of Physicians and Surgeons of Canada's CanMEDS 2015 framework, and serve as a strong reminder of the social responsibility borne by physicians. Physicians are often expected to act as competent clinicians, to keep informed about the social determinants of health, to engage with public health, and to influence the socioeconomic and cultural factors that determine the health of the populations they serve. As a result of their involvement, physicians, along with other health and public health professionals, have contributed to societal changes that have had positive impacts on population health. However, despite the demonstrated benefits of physician advocacy, research shows that Canadian undergraduate medical curricula are not teaching practical advocacy and leadership skills in an explicit and consistent manner [1]. Given that many of the CanMEDS Health Advocate and Leader learning objectives are of a practical, skill-based nature, I would argue for the creation of an Advocacy and Leadership Curriculum (ALC) for Canadian medical students to better prepare them for the real-world advocacy work they will perform in residency and clinical practice.

To this end, a group of over 20 medical students and medical educators from across the country have worked over the past year to create an ALC. It consists of a CanMEDS and competency-based, MCC-harmonized curriculum detailing a set of Learning Objectives along with a sample 4-year longitudinal advocacy and leadership curriculum exemplifying its key principles. Suggested evaluation and implementation strategies are also included. Our ALC focuses on acquiring advocacy skills, inter-professional and inter-disciplinary education, true community partnership, faculty mentorship, and an applied, longitudinal advocacy project meant to serve the community and increase medical school social accountability. The curriculum will be presented as a position paper to the Canadian Federation of Medical Students this spring for adoption. We are excited to present this to the wider medical community for discussion and so that it can help inform curriculum change trajectories. A link to a PDF of the ALC can be found here: <https://drive.google.com/file/d/0B-lpDtJBMmGebV14YjZQRlINdlk/view?usp=sharing>

Comments, questions, and interest can be directed to David Benrimoh, Med-4, McGill University, david.benrimoh@mail.mcgill.ca

References:

1. Bhate TD, Loh LC. Building a Generation of Physician Advocates: The Case for Including Mandatory Training in Advocacy in Canadian Medical School Curricula. *Academic Medicine*. 2015 Dec 1;90(12):1602-6.