

Medical Education Beyond the Medical Sciences: Fostering Advocacy and Leadership amongst Medical Trainees

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Advocacy and leadership are intrinsic to the role of physicians on several levels. Physicians collaborate with others to shape health policy, they determine allocation of scarce health resources, and they devise ways of advancing population health. Moreover, physicians act as patient advocates by providing holistic care based on the social determinants of their patients' health. As such, it is critical that medical students and residents receive adequate advocacy and leadership training. This is reflected in the CanMEDS Framework, yet formal medical education in these domains is still a work in progress for many medical faculties across Canada.

Opportunities to provide advocacy and leadership training must be sought both within and outside our medical faculties. To this end, our learners have been increasingly active in advancing these opportunities. In 2016, the Canadian Federation of Medical Students and Fédération médicale étudiante du Québec led a collaborative initiative with faculty to develop the Canadian Medical Student Advocacy and Leadership Curriculum (https://www.cfms.org/files/meetings/sgm-2016/resolutions/ALC_Policy_Paper.pdf). The International Federation of Medical Students' Association was also hard at work; they launched their 'Social Accountability in Medical Schools' campaign focussing on Health Equity and Socially Accountable Health Professional Education (https://ifmsa.org/wp-content/uploads/2017/09/Toolkit-on-Social-Accountability_Final-v.32.pdf). This year, during the 2017 Toronto International Summit on Leadership Education for Physicians (TISLEP), learners had the opportunity to engage with national and international educators to examine strategies to integrate health advocacy and leadership training within the curriculum for residents and medical students alike (see more at http://tislep.pgme.utoronto.ca/tislep-2017/). Learners facilitated a workshop session reflecting on opportunities for leadership and social accountability coaching within academic programs. Furthermore, there was a valuable discussion about enabling factors and barriers for developing learner-led initiatives.

It is evident that learner participation in advocacy and leadership projects can foster skill development and confidence through mentor-guided experiences, especially when learners are engaged in personally meaningful patient-centred projects. It is exciting to see engagement of learners and faculty alike in fostering advocacy and leadership in medical education. As opportunities unfold, the future looks promising.

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