

**Pediatric Advocacy Curriculum**  
**The Barbara Bush Children's Hospital**  
**(Rev. 6/12)**

**Supervising Physician**

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**Introduction**

The Oxford Dictionary defines the verb “advocate” as “plead or raise one’s voice in favor of, to defend or recommend publicly.” Advocacy has also been defined as: “the application of learned skills, information, resources, and action to speak out in favor of causes, ideas or policies to preserve and improve quality of life often for those who cannot effectively speak out for themselves.”

A definition of advocacy in the article by Wright et al “Towards Development of Advocacy Training Curricula for Pediatric Residents, a National Delphi Study, states “to speak up, to plead, or to champion for a cause while applying professional expertise and leadership to support efforts on individual (patient or family) community and legislative policy levels which results in the improved quality of life for individual’s families or community.

According to the Accreditation Council for Graduate Medical Education Program requirements for residency education in Pediatrics: Residents must be provided with structured educational experiences with planned didactic and experiential opportunities for learning and methods of evaluation which prepare them for the role of advocate for the health of children within the community. The curriculum should include but not be limited to the following subjects:

1. Community oriented care with focus on the health needs of all children within a community, particularly underserved populations.
2. Culturally effective health care.
3. Effects on child health of common environmental toxins such as lead. Other less obvious toxins include exposure to domestic violence, verbal and psychological abuse, exposure to substance abuse.
4. The role of the pediatrician as consultant to schools in early childhood education and childcare settings.
5. The role of the pediatrician in child advocacy, including legislative advocacy.
6. The role of the pediatrician in disease and injury prevention.
7. The role of the pediatrician in the regional emergency medical system for children.

The steps of pediatric advocacy are simple: identify a preventable problem in one child, help that child overcome the problem, draw conclusions in relation to the factors that led to the problem in the first place, identify the means to tackle these factors, influence the government or policy makers to change the system that fostered these factors including introduction of appropriate legislation.

Some of the types of advocacy available to the pediatrician are professional identity and membership, anticipatory guidance with individual patients, public education, working with the media, joining academic and private foundation programs, courtroom and appellate legal advocacy, and state/federal/international legislation. Illustrative examples of well recognized pediatric advocacy topics include health care access, teen pregnancy prevention, dental health, and educating parents on the effects of second smoke.

### **Clinical Activities**

First year residents will be introduced to the topic of advocacy by Dr Ricci, given a limited selection of articles to review, and expected to develop an advocacy topic of interest. Second year residents will spend a focused month long experience in Advocacy, under the direction of Dr. Ricci. By the beginning of this second year one month advocacy rotation each resident will be expected to identify their own specific advocacy topic that may or may not be case based.

During this one-month rotation, second-year pediatric residents will be expected to read the attached bibliography particularly the advocacy guide of the American Academy of Pediatrics, as well as review selected web sites that discuss various aspects of pediatric advocacy. Each resident will be expected to complete the advocacy modules at [www.pediatricsinpractice.org](http://www.pediatricsinpractice.org).

At the end of the rotation, they will be expected to describe the role of a pediatric advocate in individual, community, and national issues. Each resident will be expected to develop an advocacy topic based on their own individual interest. The expectation will also include the development of a position paper, legislative testimony, as well as a letter to the editor and then present this advocacy topic to both the Spurwink Child Abuse Program staff and morning report at MMC.

Residents will also be expected to attend a number of educational experiences throughout the state as noted above in the site description. These experiences will include exposure to local child welfare systems, exposure to primary care and subspecialty pediatric practice advocacy such as school health, obesity, etc., exposure to advocacy at the state level including the Maine Child Death and Serious Injury Review Panel, Child Abuse Action Network, the Maine CDC, and Physicians for Social Responsibility, to name a few. Residents will be expected to spend a day with the Northern New England Poison Control Center where they will have an opportunity to review emergency medical services as related to children's exposure to poisons. There will be additional opportunities that emerge as the rotation proceeds and as the residents each selects an advocacy topic.

Part of the rotation will include one week at The Spurwink Child Abuse Program where they will have an opportunity to review advocacy as it relates to child abuse with particular exposure to the role of expert diagnostic systems such as child abuse pediatrics, child forensic interviewing, and psychological evaluations. In addition, in this setting they will be exposed to the role and activities of the multidisciplinary team and it relates to child abuse diagnosis and treatment. Advocacy topics in child abuse include abusive head trauma prevention, prevention of drug affected babies, safe sleep, home visitation, dental neglect, mental health treatment availability to name a few.

**Sites may include but not be limited to (see attached list):**

1. The Spurwink Child Abuse Program, 17 Bishop Street, Portland, ME
2. Department of Health & Human Services, Portland, ME
3. State House, Augusta, ME
4. Maine Center for Disease Control, Augusta, ME
5. Various pediatric practices where advocacy is practiced, including primary care offices as well as subspecialty offices
6. Northern New England Poison Center

**Specific Goals and Objectives:**

Develop a more complete understanding of the role of advocacy in pediatric health care and its various methods of implementation.

1. Reading, particularly the American Academy of Pediatrics Advocacy Guide (see attached list).
2. Develop an understanding of what advocacy is, why pediatricians are good advocates, learning the process of advocacy, developing core advocacy skills, and learning to engage in advocacy with other individuals and agencies in the community and on a statewide and perhaps even national basis.
3. Through development of an individual advocacy project, gain experience in pediatric advocacy, particularly with regard to development of a testimony and/or a position paper and a letter to the editor. They will also be expected to present this to the pediatric staff at a morning report or other venue to their colleagues.

**Specific Responsibilities for the Second Year Resident doing Advocacy:**

1. Develop an advocacy topic ideally before starting the month
2. At the beginning of the month the month schedule of required meetings will be reviewed by Doctor Ricci. Additionally other opportunities for meetings will be discussed from the list of available activities and it will be the responsibility of the resident to communicate with outside professionals to arrange attendance. Bolded Items are of particular value.
3. During the month emails will be sent to the resident by Doctor Ricci describing some additional opportunities offered by state and community advocates. The resident must respond to Doctor Ricci and the advocate who sent the email saying that they received the email and whether they will be able to attend or not.
4. Write a position paper on the topic of interest: 2-3 pages with references
5. Write a letter to the editor or to an advocacy group on the topic of interest.
6. Present the position paper to the Spurwink Child Abuse Program Staff. Must be arranged with Doctor Ricci
7. Present the position paper to Morning Report. Must be arranged with the chief resident and Doctor Ricci
8. Optionally submit for publication the letter after approval from the Chief of the Department of Pediatrics, the Director of the Advocacy Rotation, and the Director of the Pediatric Residency.
9. This rotation requires independent study and independent initiative in setting up opportunities for education by the resident.

10. At the end of the month the resident will submit to the department of pediatrics and to Doctor Ricci the position paper, letter to the editor, and completed calendar of activities.

**Evaluation will be based on:**

1. Completion of the appropriate reading list.
2. Attending various site visits throughout the state.
3. Knowledge acquisition as demonstrated by development of a position paper, testimony and letter to the editor.
4. Presentation of the position paper, testimony and letter to the editor to Doctor Ricci and offering testimony to the pediatric staff at a morning report towards the end of the month.
5. Submission of a filled in calendar of activities is also required.

**Bibliography**

All materials available on the pediatric intranet, rotation information, required rotation folder, advocacy folder. This can be accessed at <https://my.mmc.org/C8/Pediatrics/default.aspx>