

# ADVOCACY TRAINING TOOLKIT

FOR THE

CFMS

LONGITUDINAL

ADVOCACY

TRAINING SERIES



**CFMS FEMC**

DEVELOPED BY THE CANADIAN  
FEDERATION OF MEDICAL STUDENTS'  
GOVERNMENT AFFAIRS AND  
ADVOCACY COMMITTEE

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## CFMS Longitudinal Advocacy Training Series Toolkit

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# EXECUTIVE SUMMARY

## CFMS Longitudinal Advocacy Training Series Toolkit

The Canadian Federation of Medical Students' (CFMS) Longitudinal Advocacy Training Series, outlined in this Toolkit, provides an opportunity for medical students and allied health professionals to become effective health advocates. The Longitudinal Advocacy Training Series Toolkit's design was overseen by the CFMS Government Affairs and Advocacy Committee and was based on a review of Canadian medical school curricula, advocacy education medical literature, results of a University of Toronto advocacy training series, and consultations with eminent advocacy experts throughout the Canadian healthcare community.

By proposing workshop topics, measurable learning objectives, reflection assignments, and resources, this Toolkit allows student ambassadors across Canadian medical schools to organize advocacy workshops for Canadian medical students. The Toolkit also defines the guidelines and structure that underlie the Longitudinal Advocacy Training Series. Canadian medical students who participate in at least three workshops and complete a reflection assignment may be rewarded with an official CFMS certificate of completion.

This Toolkit is accessible to any medical school or health professional program wishing to use it as a resource for expanding their own advocacy education through adoption of a training series or curricular development.

# TABLE OF CONTENTS

## CFMS Longitudinal Advocacy Training Series Toolkit

<b>Executive Summary .....</b>	<b>ii</b>
<b>Background .....</b>	<b>1</b>
<b>Purpose.....</b>	<b>1</b>
<b>The State of Advocacy in Medical Education .....</b>	<b>1</b>
Advocacy Education in the Health Science Literature .....	1
Advocacy Education in Canadian Medical School Curricula .....	2
<b>Perspectives on Improvements to Advocacy Curricula .....</b>	<b>3</b>
Consultations with Advocates in the Canadian Healthcare Community .....	3
Student Representatives from Canadian Medical Schools.....	4
Feedback from Participants in the University of Toronto Advocacy Training Series .....	4
<b>Structure &amp; Guidelines .....</b>	<b>6</b>
<b>Guiding Principles.....</b>	<b>6</b>
Mandatory Components.....	6
Recommended Components .....	7
<b>Structure .....</b>	<b>7</b>
<b>Expectations for Host Schools.....</b>	<b>8</b>
Certification Process .....	8
Setting Up Your Workshops.....	9
Administrative Team .....	9
Speaker Selection .....	9
Advertising, Communication, and Collaboration with Other Schools.....	10
Example Timeline for Organizing A Workshop .....	10
A Note About Attendance.....	11
Tips for Online Sessions .....	11
<b>Expectations for Participants .....</b>	<b>12</b>
<b>Workshops.....</b>	<b>13</b>
<b>Workshop Topics .....</b>	<b>13</b>
Patient Advocacy .....	13
Grassroots Advocacy .....	14
Developing an Ask .....	15
Structure of Healthcare Governance and Funding .....	17
Government Structure in Canada .....	18
Speaking with Politicians.....	19
Engaging with Media .....	20
Social Media Advocacy .....	21
Global Health Advocacy.....	21

Case Studies .....	22
<b>Reflection Assignment.....</b>	<b>24</b>
<b>Creating Your Own Workshop.....</b>	<b>25</b>
<b>Additional Resources.....</b>	<b>26</b>
<b>Abbreviations .....</b>	<b>26</b>
<b><i>Acknowledgments.....</i></b>	<b><i>v</i></b>
<b><i>Appendices.....</i></b>	<b><i>vi</i></b>
Appendix 1: Verification Form.....	vi
Appendix 2: Reflection Assignment.....	vii
Appendix 4: Template Attendance Form for Each Workshop .....	ix
Appendix 5: Centralized Attendance Sheet for All Workshops.....	ix
Appendix 6: Template Reflection Assignment Submission Form .....	ix
Appendix 7: Workshop Feedback Form .....	ix
<b><i>References.....</i></b>	<b><i>x</i></b>

# BACKGROUND

## CFMS Longitudinal Advocacy Training Series Toolkit

### PURPOSE

The Royal College of Physicians and Surgeons of Canada identifies the CanMEDS role of “health advocate” as a competency that is fundamental to physicianship. When acting as a health advocate, the physician uses their expertise and influence to better the health of a community or patient population (CanMEDS 2015 Framework). Effective advocacy at the individual patient, community, and systemic levels can be achieved in many ways. The CFMS Longitudinal Advocacy Training Series, outlined in this Toolkit, provides an opportunity for medical students and allied health professionals to become effective health advocates.

Despite the physician’s duties as a health advocate, a 2016 Canadian Federation of Medical Students (CFMS) policy paper identified significant gaps and inconsistencies in advocacy curricula across Canada (Advocacy and Leadership in Canadian Medical Curricula, 2016). These gaps, as well as the need for increased medical educational opportunities in health advocacy, are well described in the medical education literature (Belkowitz et al., 2014, Long et al., 2011, Hayman et al., 2020, Bhate et al., 2015, Stull et al., 2011, Flynn and Velma, 2008). Indeed, there is a need for competency-based advocacy learning that is both experiential and didactic, according to both the CFMS and current literature.

Unfortunately, accessible, quality advocacy training is not currently offered at all Canadian medical schools. Thus, there is a need for additional opportunities for medical students to gain competence as health advocates during their training. This Toolkit aims to reduce the barriers faced by medical students to host advocacy training opportunities that are accessible to all students. Also included in this Toolkit is the CFMS Longitudinal Advocacy Training Series certification program, which is a structured advocacy curriculum recognizing student motivation for advocacy learning. Finally, the Toolkit and Training Series will teach medical students to translate advocacy knowledge into action, which is central to the CanMEDS Health Advocate role for medical students as future physicians.

### THE STATE OF ADVOCACY IN MEDICAL EDUCATION

To better understand the current medical advocacy curricula across Canada as well as best practices, a literature search and an environmental scan of Canadian medical schools’ curricula were conducted.

#### Advocacy Education in the Health Science Literature

A literature review of health science research examining advocacy education in undergraduate medical curricula in Canada and the United States was conducted to gather information on the

advocacy topics taught, teaching methods, curricular shortcomings, and recommendations. The Medline database was searched using PubMed and 14 articles that discussed advocacy in medical school were identified, 9 of which were considered relevant and incorporated into this Toolkit. The research examining advocacy curricula was found to be limited; it does not comprehensively characterize the topic. Despite this shortcoming, several observations emerged from a review of the literature. Notably, although the advocacy topics taught in undergraduate medical curricula vary, the most prevalent topics include: the social determinants of health, health policy, media advocacy, legislative advocacy, and cross-cultural healthcare and advocacy for underserved populations (Long et al., 2011; Duke & Brunger, 2015; Hayman et al., 2020).

In addition, research on the importance of advocacy education and best practices was found to be uniform. While didactic sessions have traditionally been used to deliver curricula, the incorporation of experiential learning and interactive workshops have consistently shown benefits. Belkowitz et al. (2014) and Duke & Brunger (2015) found that medical students who engaged in experiential learning reported greater knowledge of community health needs and improved skills in advocacy. Long et al. (2011) reported that medical students who engaged in advocacy programs including workshops and internships reported an increased likelihood of engaging in health advocacy in the future. Finally, Hayman et. al (2020) found that advocacy workshops combined with letter writing helped medical students to act on advocacy issues. The above research findings support the inclusion of experiential and workshop learning into advocacy curricula.

Finally, recommendations for curricular development center around advocacy theory, execution, and communication, with additional topics identified in grassroots organizing, policy analysis, and understanding of political and healthcare systems (Dworkis et al., 2010, Stull et al., 2011, Bhate et al., 2015). Additionally, the literature identifies the importance of incorporating community partnerships and awareness of topics relevant and important to these partners in advocacy curricula (Earnest et al., 2010).

### **Advocacy Education in Canadian Medical School Curricula**

The environmental scan of Canadian medical schools' advocacy curricula included 14 medical schools across the country. Student representatives and physician leaders involved in medical education at each school contributed to the environmental scan.

Findings of the environmental scan emphasized that the advocacy curricula across Canadian medical schools vary significantly. There is no minimum number of required hours for advocacy training, nor are there common learning objectives outlining what advocacy education should include. Major advocacy topics taught at a majority of schools include patient advocacy, global health, social advocacy, and the social determinants of health. The depth and breadth of these more common topics also vary widely. The majority of learning occurs through didactic lectures, with a small minority of schools offering additional formats such as small group discussions, experiential learning, and the development of advocacy projects which students can undertake. Many students identified that there are significant gaps in their advocacy education when compared to the focus that their curriculum puts on other CanMEDS roles. These gaps vary

across schools, but consultation with students identified a lack of education focused on political, grassroots, social media, and physician advocacy. Overall, this analysis showed that there is significant variability and disparities in advocacy curriculum and training across Canadian medical schools.

## **PERSPECTIVES ON IMPROVEMENTS TO ADVOCACY CURRICULA**

To gather the perspectives of stakeholders in advocacy in medical education, eminent advocates in the Canadian healthcare community were contacted to consult with the Toolkit's authors. The student perspective was also sought out by soliciting student representatives to identify gaps in their advocacy education. Finally, ways to optimize the quality of the advocacy education delivered through the Longitudinal Advocacy Training Series were collected using feedback from student participants in a pilot Advocacy Training Series.

### **Consultations with Advocates in the Canadian Healthcare Community**

To ensure the Longitudinal Advocacy Training Series' outcomes respond to local community needs across Canada, stakeholders were engaged through consultation and collaboration during the development of the present Toolkit. Groups composed of and representing communities affected by physician advocacy, as well as healthcare professionals working with such communities, were identified and contacted for an interview by the Toolkit authors. At the identification stage, the authors of this Toolkit sought to gather a representative sample of stakeholders at multiple levels of advocacy, identifying groups focused on government-, community-, and patient-level advocacy. Additionally, efforts were made to engage stakeholders hailing from communities that experience health inequities and/or are under-represented in medicine and health sciences. In total, ten stakeholders were consulted, and all agreed to collaborate with the Longitudinal Advocacy Training Series. An exhaustive list of stakeholders is presented in the *Acknowledgements* section.

The consultation of stakeholders consisted of a standardized semi-structured interview collecting information about major advocacy topics, skills, and challenges, as well as the interviewees' personal experiences as advocates. Stakeholders were then asked to propose potential Longitudinal Advocacy Training Series learning objectives and teaching methods appropriate to their field of advocacy.

Several themes emerged regarding the role of physicians and medical trainees in government-, community-, and patient-level advocacy:

- Medical professionals regularly work with vulnerable populations;
- Medical professionals play a major role in identifying and advocating for the needs of patients and community groups;
- In order to effectively advocate, different strategies, used alone and in combination, will be appropriate depending on the advocacy topic, including: social and traditional media campaigns, sharing community resources to those who could benefit, meeting with politicians or government bodies, and educating peers;



- *Bottom-up* or local, rather than *top-down* or central, approaches are preferable to both identifying community needs and building advocacy strategies. Examples include: adopting a patient-centred and sensitive approach to interviewing, empowering patients, seeking out resources available in patients' communities, and collaborating with pre-existing movements, organizations, and/or experts working on the topic;
- No single strategy exists to develop advocacy skills, and learning from experiences is necessary;
- Skills such as team building and research methodology are important to advocacy;
- Barriers to advocacy include unfavourable power dynamics, uncertainty, aversion to failure, and the lack of recognition of advocacy and the humanities in medicine;
- Community voices should take precedence over physicians' voices, which can be accomplished by staying accountable to communities, but also by encouraging independent ties between communities, external organisations, and government;
- Continuous (i.e., throughout your career and life cycle) self-reflection and education on personal motivations, privileges, and understanding of the history and perspectives of vulnerable communities is indispensable.

### **Student Representatives from Canadian Medical Schools**

According to our environmental scan of Canadian medical school curricula, medical students from across Canada have identified gaps in their own advocacy curricula and have recommended topics which they believe could benefit medical students at-large. This includes a desire to learn more about political advocacy and how to effectively advocate at all levels of government. Indeed, students expressed a desire to learn related skills such as how to collaborate with community stakeholders, write effective ask documents, create awareness campaigns, and use social media as a tool to reinforce and support their advocacy efforts. Students also indicated an interest in learning more about advocating for marginalized populations, health rights, interpersonal violence, climate health, and other topics that may not be universally or extensively taught as part of medical curricula.

Finally, respondents emphasized that didactic lectures are only one component of the learning process and that advocacy is best learned using hands-on approaches. Suggested alternatives to didactic learning included workshops, expert panels, role playing, and other skill-building exercises.

### **Feedback from Participants in the University of Toronto Advocacy Training Series**

In the 2019-2020 academic year, a pilot advocacy workshop series was held at the University of Toronto (U of T) Medical School. Four workshops were held, with topics consisting of patient-level advocacy, grassroots/community-level advocacy, engaging with politicians, and engaging with the media. At the end of the workshop series, students who participated were asked to provide feedback on their experiences. In total, 55 U of T students participated in the workshop series and 23 feedback responses were recorded. There was a variety of positive feedback, as well as suggestions for improvement in future sessions. The common themes of both positive and

constructive feedback are outlined below. The feedback from these pilot sessions can help inform future iterations of similar programs, including this national Training Series.

Several strengths emerged in the feedback provided by attendees. First, interactivity was identified as a priority for advocacy workshops. Sessions that provided greater opportunities for case-based learning, hands-on activities (e.g., practicing letter writing to Members of Parliament), practical skill development, roleplaying sessions, and small group learning were rated favourably. The presenter was also an important factor in workshop satisfaction. Presenters who were passionate with extensive expertise and experience in the area, which allowed them to provide examples from their own advocacy endeavours, were able to effectively engage the audience. Globally, the U of T workshop series participants were satisfied with the breadth of topics and encouraged a diversity of speakers to learn about many different aspects of advocacy.

At the end of the workshop series, 23 medical student respondents rated their preparation to advocate for patients at their current level of training as 4.04/6. Respondents rated the importance of advocacy during their career as a physician as 5.43/6, emphasizing the importance of developing these skills as core competencies in medical school. At the end of the series, students rated their preparedness to advocate to the government on health-related issues at their current level of training as 3.52/6, indicating room for improvement with future sessions.

Numerous areas of improvement for the series were also identified by the participant feedback. Firstly, ensuring workshops are actionable and collaborative was a key suggestion. As well, students would appreciate take-home resources to consolidate their learning after the session. In addition, students emphasized the importance of a spacious location with room for group activities during the sessions. Lastly, it is vital that presenters disclose any conflicts of interest and remain focused on the learning objectives of the workshop.

# STRUCTURE & GUIDELINES

## CFMS Longitudinal Advocacy Training Series Toolkit

### GUIDING PRINCIPLES

Based on a literature review and environmental scan of advocacy training in medical school curricula, consultation with advocacy experts, and feedback from the U of T advocacy workshop series, the CFMS Task Force has developed the following guiding principles to inform the development of the CFMS Longitudinal Advocacy Training Series, which can be organized and executed at institutions across Canada. Consistent with the principles established in this Toolkit's "Background" section, the following mandatory and recommended guidelines are highlighted for the implementation of advocacy workshops by student leaders.

### Mandatory Components

As part of the Longitudinal Advocacy Training Series, all workshops must meet the following requirements:

1. Workshops should be *interactive* to ensure students can develop practical skills for future advocacy in their careers. Interactivity may be accomplished using a multitude of techniques, including case-based learning, role playing, practical skill development, small-group breakout sessions (e.g., think, pair, share sessions), mind mapping, and storytelling.
2. Workshops should be *led by experts or individuals with lived experience*.
  - Experts could include physicians or other individuals who have extensive skill and experience advocating for communities and/or patient populations as part of their career or other.
  - An individual with lived experience could include folks who identify as experiencing, or having experienced, concepts discussed in a workshop such as social or health disparities driving advocacy efforts.
  - In order to find speakers for the workshops, we recommend reaching out to physicians and individuals involved with local advocacy groups, grassroots initiatives, national advocacy organizations, universities and colleges, and hospitals.
3. Workshops must be *accessible and inclusive*. Accommodations should be made so that students of all abilities can attend. Geographic accommodations should be in place for institutions with satellite campuses.
4. Workshop *content and speakers should be diverse* to encourage a breadth of skill development for students.
5. To promote accessibility, workshops must be *free of charge* for participants. In the event that speakers be compensated, the hosting medical school of the Longitudinal Advocacy Training Series incurs this cost.
6. Presenters must *disclose conflicts of interest* at the beginning of their workshop.

7. Workshops should *occur regularly* to encourage longitudinal acquisition of advocacy skills.
8. Opportunities for *reflection* should be embedded in the workshop series.
9. Opportunities for *feedback* should be provided at the end of each session and this feedback should be incorporated to enhance the program. Please see Appendix 7 for a sample feedback form.

## Recommended Components

The following components are recommended to enhance the Longitudinal Advocacy Training Series experience for students and facilitators:

1. Provide opportunities to practice advocacy skills learned in a real-world setting. For example, by connecting students with interested supervisors and offering experiential learning opportunities (e.g., letter writing campaigns, Days of Action).
2. Provide take-home resources and readings to consolidate learning and reference key learning points.
3. Encourage participant attendance at multiple workshops to allow development of skills longitudinally.
4. Request pre-readings and/or preparation materials from presenters and provide these to participants before learning activities begin to facilitate engagement during the workshop.
5. Conduct a needs assessment from your participants to identify advocacy priorities for your audience. Recruit workshop speakers based on these priorities.
6. Host workshops in a location or virtual conference call that is conducive to interactive, group learning.

## STRUCTURE

The present Toolkit is accessible to any medical school or other health professional program wishing to use it as a resource for expanding their own advocacy education through adoption of the Training Series or curricular development. The CFMS Longitudinal Advocacy Training Series based on this Toolkit takes the form of a series of workshops hosted by participating Canadian medical schools' student bodies. While workshops are to be made accessible to any medical trainee, successful completion and official certification of the CFMS Training Series is considered when a student meets the certification criteria defined in the following section, "Mechanism for Certification."

The Longitudinal Advocacy Training Series consists of a series of workshops that take place during the academic year. Workshop topics for the Training Series have been selected to represent a broad variety of approaches to advocacy. Each workshop focuses on fulfilling specific learning objectives, building competencies for trainees. The proposed objectives have been selected to be unique to each workshop. All workshops outlined in this Toolkit will ideally synergistically compliment each other to enhance the students' competencies as a health advocate. This Toolkit offers the resources and structure for any medical school or health professional program to host a series of workshops that fulfill these objectives.

The criteria to administer workshops as part of the CFMS Longitudinal Advocacy Training Series are listed in Sections “Guiding principles of the Longitudinal Advocacy Training Series” and “Mechanism for Certification”. Medical schools across Canada can host workshops as part of the Longitudinal Advocacy Training Series over the course of an academic year. As such, medical trainees wishing to complete the Training Series can consider its criteria, their topics of interest, and the workshop topics hosted by medical schools when selecting the workshops that will comprise their Longitudinal Advocacy Training Series. To contribute to the equitable accessibility of learning activities to trainees, we encourage host schools to accommodate remote participation in their sessions without compromising the experiential, collaborative, and/or interactive aspects of learning. In addition, we encourage host schools to accommodate participation from students of all disciplines, especially those in the health sciences, in their workshops, regardless of their participation in the Longitudinal Advocacy Training Series.

In adopting this structure, the Training Series hopes to equip trainees with a firm background from which to pursue advocacy at all stages of their health care careers and provide medical students with recognition of such from the CFMS.

## EXPECTATIONS FOR HOST SCHOOLS

### Certification Process

A certification program awarded by CFMS is available to all Canadian medical schools who meet the following criteria:

1. Medical schools are recommended to host a minimum of 4 workshops per academic year in order to provide students with sufficient opportunities to meet the certification requirements.
2. The advocacy workshops must align with the themes and learning objectives that have been outlined in Section ‘*Workshop Topics*’ of this Toolkit.
3. All workshops must meet the mandatory components outlined in Section ‘*Guiding principles of the Longitudinal Advocacy Training Series*’ of this Toolkit.
4. Medical schools must track attendance of all students attending each workshop, including both students from their respective school and other Canadian medical schools.
5. Medical schools are responsible for receiving participants’ reflection assignments from their respective school.
  - a. Medical schools may use a template Google Form (**Form C**) to design a survey collecting reflection assignments from their student participants.
  - b. We encourage schools to remind attendees about the mandatory reflection assignment at each workshop.
6. Medical schools must provide certificates to qualifying students acknowledging their participation in the workshop series.
  - a. Schools can refer to the [centralized attendance record](#) (also available in Appendix 4) for a record of the number of workshops each student has attended at their respective school.

- b. Students who attend a minimum of 3 workshops per academic year and complete the reflection assignment have met the criteria to receive a certificate.

Canadian medical schools that have participated in the Longitudinal Advocacy Training Series certification program will undergo a verification process overseen by the CFMS at the end of the academic year:

1. A medical school will first apply to the verification process by completing a form ("Appendix 1") and emailing this form to the CFMS committee email:  
[advocacytraining@cfms.org](mailto:advocacytraining@cfms.org)
  - As part of this form, a medical school will provide a list of the advocacy workshops hosted by the school and a signature affirming that each workshop met the learning objectives, mandatory components and that appropriate attendance records were maintained.
2. Upon receiving the application, the CFMS will conduct an appropriate review of the school's workshops. Documents or other forms of proof may be requested.
3. If the medical school's workshops are approved, they will be provided with the CFMS Longitudinal Advocacy Training Series certificate. The school's GAACs would then have the authority to distribute the certificate to students within their school who have attended at least three (3) workshops and completed the reflection assignment within the academic year.

### **Setting Up Your Workshops**

This Toolkit has been designed for student ambassadors (e.g., CFMS GAAC Representatives) at individual CFMS schools to organize workshops for Canadian medical students, both locally and across the country, who are participating in the Training Series.

#### ***Administrative Team***

Workshop organization can be undertaken individually by GAAC representatives, or through the creation of a small committee chaired by the local GAAC. It is the responsibility of this group to choose which workshops to offer, when, as well as communicate upcoming workshop opportunities with the medical student body - both locally and nationally. This Toolkit includes workshop topics and learning objectives, but it is up to the administrative team to select and book speakers and spaces (virtual delivery is recommended to increase accessibility), to present each workshop. After each workshop, feedback should be solicited to improve the workshop for the following year. For a sample feedback form for each workshop, please [see Appendix 7](#).

#### ***Speaker Selection***

Anticipating that these workshops will be delivered virtually during the pilot 2020/2021 year, engaging local champions of causes is encouraged, but speakers can be from anywhere in Canada. Workshops should be led by experts or individuals with lived experience. We recommend reaching out to physicians and individuals involved with local advocacy groups, grassroots initiatives, national advocacy organizations, universities and colleges, and hospitals.

It is expected that the administrative team **sends the speaker the relevant workshop description, learning objectives and resources** from this Toolkit well in advance of the presentation date to ensure adequate opportunity for preparation.

### *Advertising, Communication, and Collaboration with Other Schools*

The CFMS Longitudinal Advocacy Training Series Committee will advertise the launch and availability of the Training Series to all Canadian medical students but defer the responsibility of local recruitment and organization of individual workshops to the local administrative team, led by GAAC representatives.

#### **1. National**

- A national Facebook page will advertise workshops being run at individual schools so that participants from other schools can register and participate.
  - Facebook page: CFMS Longitudinal Advocacy Training Series (<https://www.facebook.com/groups/cfmsadvocacytraining/>)
- Please email any upcoming workshops' **title, date/time, speaker, and registration form link** to the CFMS committee 1-week before the end of each month prior to the workshop date (i.e. during the third week of September for an October workshop), to be included in CFMS infographic, emails, and other promotions.
  - Email: [advocacytraining@cfms.org](mailto:advocacytraining@cfms.org)
- Please post on the national Facebook page to promote the workshop 1-2 weeks in advance and include a google form for registration to open workshops up to those participating in the Training Series around the country.

#### **2. Local**

- Post on your local medical school Facebook page and/or listserv to promote an upcoming workshop 1-2 weeks in advance.
  - Include a google form for workshop registration
- Email those who have previously registered for workshops 1-2 weeks in advance to promote an upcoming workshop.
  - The local administrative team is encouraged to record a list of students registered for the Training Series and email these students to promote upcoming workshops.

It is encouraged that students attend their local workshops, but are also able to register for workshops at other schools if they find the topic interesting, or are not able to meet the minimum number of workshops needed to attain the certificate by exclusively attending locally run workshops.

### *Example Timeline for Organizing A Workshop*

1. Select a workshop from the Toolkit "WORKSHOP TOPICS" section.
2. Find a speaker, set a date and time for the workshop at the date at least a month in advance to ensure adequate opportunity for national advertising.



3. Submit the workshop to the CFMS committee (see email above) 1-week before the end of the month prior to the workshop date, to be included in CFMS infographics, emails, and other promotions.
4. Post on your local school's Facebook page and/or listserv to promote the workshop 1-2 weeks in advance.
  - Include a google form for workshop registration.
5. Post on the National CFMS Longitudinal Advocacy Training Series Facebook page to promote the workshop at least 1-2 weeks in advance.
  - Include a [sign-up form for workshop registration](#) (Appendix 3).
6. Email the list of students who previously attended workshops or registered for the Training Series to promote workshops 1-2 weeks in advance.
7. Run your workshop!
8. Remember to track attendance at each workshop and upload the attendance record into our [centralized attendance record](#) (Appendix 4). We also encourage you to remind students attending workshops about the mandatory reflection assignment due at the end of the academic year.
9. After the workshop, obtain feedback from your participants using the [workshop feedback form](#) (Appendix 7).

#### *A Note About Attendance*

All Canadian medical schools that organize advocacy workshops as part of the CFMS Longitudinal Advocacy Training Series should keep an appropriate attendance record. Attendance should be documented for all Canadian medical students at each advocacy workshop. We recommend that GAACs send out an [attendance tracking form](#) (Appendix 3) to all attendees at the beginning of each workshop. GAACs must then fill out our [centralized attendance record](#) (Appendix 4) recording all Canadian medical students who have attended any workshop as part of the Longitudinal Advocacy Training Series. GAACs will also be responsible for recording the completion of the mandatory reflection assignment for each student at their respective schools. Each school is *required* to transfer their attendance records to this [central record](#) (Appendix 4) to ensure that all students participating in the program receive the appropriate credit. Please also note that GAACs are responsible for collecting their school's participants' reflection assignments (see "[Template Reflection Assignment Submission Form](#)", Appendix 5).

#### *Tips for Online Sessions*

1. Ask speakers and participants to arrive at least 10 minutes early to ensure there are no issues with connectivity.
2. Ask participants to sign in to Zoom and display their full name and home school to assist with attendance tracking.
3. To avoid distractions to the lecturer and attendees, please keep commentary in the chat professional and related to the session.
4. Ask participants to ensure microphones are turned off to limit sound distortion and/or echo that others hear.
5. Use breakout rooms to allow small group discussions during the workshop.



6. Sharing video cameras can increase engagement, however, if internet speeds are not fast enough for everybody to do so, try turning off video and using only audio.
7. Encourage participants to use headphones instead of computer speakers to limit sound distortion/background noises.

## **EXPECTATIONS FOR PARTICIPANTS**

- Attend at least 3 workshops in an academic year;
- Submit at least one reflection assignment *to their school's GAAC Rep* by the end of the academic year;
- Sign in to each event to track attendance.

# WORKSHOPS

## CFMS Longitudinal Advocacy Training Series Toolkit

The CFMS Taskforce has developed the following workshop topics, learning objectives and resources as part of the Longitudinal Advocacy Training Series. These workshop topics were carefully selected and developed based on the research and student and expert consultations described in this Toolkit's Background section. Canadian medical schools participating in the Longitudinal Advocacy Training Series must host workshops that align with the topics and learning objectives outlined below. Schools who wish to host a workshop with a topic that is not covered in Toolkit may submit a request to the CFMS Taskforce who will approve requests on a case-by-case basis (see Section 'Creating Your Own Workshop'). For schools that are not participating in the CFMS Longitudinal Advocacy Training Series, we invite you to use these workshops as a starting point for developing your longitudinal advocacy curriculum.

## WORKSHOP TOPICS

### Patient Advocacy

#### 1. *Description*

Patient advocacy involves advocating for specific needs of individual patients. This workshop enables learners to gain experience in identifying patients' social and medical needs in a one-on-one setting, and then teaches learners how to advocate on behalf of one's patients to meet those needs (for example, referring a patient to community partners). The goal of patient advocacy is to get to the root of a patient's problem and to work alongside the patient in identifying ways to break down barriers.

#### 2. *Learning Objectives*

- a. Understand the different levels of advocacy (i.e. social media advocacy targets a large audience, whereas patient advocacy is patient-specific).
- b. Understand how to identify your patients' needs in a one-on-one setting.
- c. Understand how to advocate for your patients' needs (including how to work within uncertainty).
- d. Learn how to empower your patients with resources, tools, and skills.
- e. Learn ways to empower your patients to advocate for themselves.
- f. Practice identifying and advocating for one-on-one patient needs.
- g. Recognize the importance of cultivating broad knowledge of the resources available in a patient's community when becoming an effective advocate.

### 3. Resources

- a. *CMA Ongoing Health Advocacy* (Topics that are frequently addressed with patients and information about each topic) <https://www.cma.ca/ongoing-health-advocacy-0>
- b. *The Physician Voice: When Advocacy Leads to Change* (<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/the-physician-voice-when-advocacy-leads-to-change>)
- c. **Suggestion:** Include a hands-on activity where participants brainstorm barriers and needs of patients (in-clinic) and develop a system/change that addresses these needs.

## Grassroots Advocacy

### 1. Description

This workshop will familiarize students with best practices to engage with and collaborate with local organizations through grassroots advocacy. Grassroots advocacy approaches are developed based on the needs and goals identified by the community itself (Loue, 2006). Students will develop strategies to amplify the efforts of local advocacy initiatives, as well as develop and strengthen partnerships with grassroots organizations and community members to advocate for the needs of their communities. This workshop will demonstrate that working in partnerships to accomplish an advocacy goal is doable and can fit within the demands of a busy schedule.

### 2. Learning Objectives

- a. Explain the concepts of grassroots advocacy, social accountability, and community engagement.
- b. Identify best practices to consult and partner with patients, community members, local grassroots organizations, and other professionals to identify community needs that advocacy could help respond to.
- c. Develop strategies to collaborate with, join, and amplify the voices of existing relevant local organizations or movements when advocating for a given cause.
- d. Identify strategies to help mobilize and empower members of the general public advocating for your cause.
- e. Recognize strategies to stay accountable to the community, including working closely with relevant community resources, while also encouraging independent ties between communities, external organisations, and government.
- f. Reflect upon ways to advocate for the health of communities and vulnerable individuals with an equity and social justice lens.
- g. Practice conducting a community consultation meeting.

### 3. Resources

- a. *Physician Grassroots Network* (AMA): <https://physiciansgrassrootsnetwork.org/>
- b. *Advocating for the Advocacy Role in UGME* (University of Toronto): <https://md.utoronto.ca/sites/default/files/20161017%20-%201530%20W%20->

[%20Advocating%20for%20the%20Advocacy%20Role%20in%20Undergraduate%20Medical%20Education.pdf](#)

- c. *Effective Advocacy for Patients and Communities* (AAFP):  
<https://www.aafp.org/afp/2019/0101/p44.html>
- d. *Community health advocacy* (J Epidemiol Community Health):  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2563937/>

#### 4. *Sample Exercises*

- a. Think-pair-share: Define grassroots advocacy in one word
- b. Roleplay: Community consultation meeting
- c. Creative: Newspaper clipping exercise (Centre for Development and Population Activities)
  - i. The facilitator gives each small group two sheets of newsprint, scissors, glue, markers, and several newspapers.
  - ii. The small groups clip images from the newspapers that are examples of grassroots advocacy. The images are to be glued onto the first sheet of newsprint in a creative way.
  - iii. On the second sheet of newsprint the small group should draw other images of advocacy that it thinks are important, but that were not found in the newspaper. If everyone in a small group feels that all of the key aspects of advocacy are reflected in the newspaper clippings, then the second sheet of newsprint can be left blank.
  - iv. After the sheets of newsprint are hung up around the room, the facilitator asks several questions to help the participants analyze the “posters.”
    - 1. What do we see in the posters? What are some of the different ways that advocacy is done in our society?
  - v. Final reflection: What are some things that have been done well during advocacy efforts in our community? What are some things that have not been done well? Given our reality, what are some challenges that must be faced when engaging in advocacy?

### Developing an Ask

#### 1. *Description*

Advocacy is fundamentally driven by the passion of people for change, but it's ineffective if you lack a structured set of goals you are “asking” for. This workshop will familiarize students with the basics of developing a set of asks that will position your advocacy to accomplish the goal(s) that you identified with hands-on work and examples from successful and ongoing campaigns, among other strategies introduced by the Longitudinal Advocacy Training Series. Additionally, we will go over the basic structure of an Advocacy Document, Letter of Advocacy, and Position Paper. These are some of the core structures that advocates of all levels use to leverage evidence to drive change and the best part is you can use them yourself now.

## 2. Learning Objectives

- a. Define an ask or recommendation in the context of the range of actions by which physicians may advocate (e.g., evidence-gathering, narrative- and community-building, advocacy campaign development, political engagement) to understand the central role they play in advocacy action plans.
- b. Understand best practices to develop an ask or recommendation and be able to describe the components of a good recommendation or ask, such as the SMART Goals framework and effectiveness, efficiency, equity, feasibility, and flexibility.
- c. Understand the types of documents that feature asks or recommendations and describe the differences between position papers, policy statements, and discussion papers ([Protocol for developing CFMS guiding documents](#), p. 4).
- d. Understand how to bring attention to your asks or recommendations using professional avenues such as publishing ask documents in social and traditional media, letter-writing campaigns, or meeting with government representatives.
- e. Practice identifying a need in a target population, translating it into a recommendation or ask using a recommended framework, and convincingly presenting the ask alongside its context.

## 3. Resources

- a. [Protocol for developing CFMS guiding documents](#)
- b. *Example Ask documents:*
  - [CFMS Advocacy Tracker](#): Existing and proposed policy papers and statements
  - CFMS NDoA 2018:
    - [PRESS RELEASE: Canadian Medical Students Urge The Government of Canada to Strengthen Response to Indigenous Mental Health and Suicide Crisis](#)
    - Report: [2018 CFMS National Day of Action](#)
  - Black Medical Students' Association of Canada's Recommendations to Canadian Faculties of Medicine (2020): [BMSAC-Demands.pdf](#)
  - [Canadian Physicians for the Environment's \(CAPE\) Healthy Recovery Plan](#), including 25 recommendations and supporting evidence
- c. *AAP Advocacy Guide:*
  - [Making the Ask.pdf](#)
  - [How to Choose an Issue.pdf](#)
  - [Identifying Decision Makers.pdf](#)
- d. *University of Kansas Community Tool Box:* [Developing a Plan for Advocacy](#)
- e. *Anatomy of Advocacy (CMA):*  
[https://drive.google.com/file/d/1V8b5NDvbZlb\\_C8h1S4bD0JXP0k-5LznN/view](https://drive.google.com/file/d/1V8b5NDvbZlb_C8h1S4bD0JXP0k-5LznN/view)

## Structure of Healthcare Governance and Funding

### 1. Description

Understanding how public hospitals and healthcare in Canada is structured and function is vital to any trainee or physician looking to make changes to this system. Having gained foundational knowledge in hospital and healthcare governance, including decision making, funding, and division of authority, workshop attendees will then be asked to think critically about how they can best advocate within this system.

### 2. Learning Objectives

- a. Be familiar with the legal status of public hospitals.
- b. Understand the governance structures of hospitals and the healthcare system specific to your Province.
- c. Understand who key players are influencing decisions and their responsibilities.
- d. Understand how you can navigate the hospital system to enact change.
- e. Understand how you can become involved in hospital governance and/or leadership as a trainee and physician.
- f. Understand the funding models of healthcare in Canada.
- g. Recognize that healthcare governance and funding is not the same for all communities in your province (e.g., Indigenous healthcare, refugees, people with disabilities)
- h. Practice identifying a hospital-level advocacy issue and strategizing how to advocate for change within the hospital system.

### 3. Resources

- a. *Governance Structures of Hospitals* (OMSA):  
[https://omsa.ca/sites/default/files/page/49/module\\_governance\\_structure\\_of\\_hospitals.pdf](https://omsa.ca/sites/default/files/page/49/module_governance_structure_of_hospitals.pdf)
- b. *Canada's Healthcare System* (Government of Canada):  
<https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/health-care-system/canada.html#a8>
- c. *Canada's universal health-care system: achieving its potential*:  
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30181-8/fulltext#seccestitle70](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30181-8/fulltext#seccestitle70)
- d. *Looking for aboriginal health in legislation and policies, 1970 to 2008* (NCCAH)  
<https://www.nccih.ca/docs/context/RPT-LookingHealthLegislationPolicies-EN.pdf>
- e. *The Canada Health Act: An Overview*  
[https://lop.parl.ca/sites/PublicWebsite/default/en\\_CA/ResearchPublications/201954E?](https://lop.parl.ca/sites/PublicWebsite/default/en_CA/ResearchPublications/201954E?)
- f. *Canadian Healthcare Funding* (OMSA):  
[https://omsa.ca/sites/default/files/page/49/module\\_canadian\\_health\\_care\\_funding.pdf](https://omsa.ca/sites/default/files/page/49/module_canadian_health_care_funding.pdf)
- g. Learn about the Cambie trial: <http://www.savemedicare.ca/>

## Government Structure in Canada

### 1. Description

This workshop will familiarize students with governments' structures and their different levels of jurisdiction. By learning about the different levels of our governing systems, the policymaking process, and how to identify decision makers, students will be equipped to effectively navigate Canada's governments and plan their advocacy accordingly. To encourage responsible advocacy, this workshop aims to contextualize government structure in Canada by imparting students with an understanding of its history, its limitations, and how it produces inequities today.

### 2. Learning Objectives

- a. Outline the major areas of jurisdiction for which each level of government (i.e., municipal, provincial, territorial, and federal) are responsible and the main public representatives fulfilling these responsibilities.
- b. Describe the public accounts of Canada, including government budgets, public debt, and federal transfer payments, and how these influence the delivery of services to different groups of people in Canada.
- c. Outline Canada's First Past the Post electoral system and political party funding mechanisms, including personal contributions, federal funding, and union or business funding.
- d. Name the constituent parts of the three branches of the Federal Government (i.e., legislative, executive, and judicial).
- e. Understand the history of Canada's political institutions (e.g., Monarch, Governor General, Senate, House of Commons, Constitution of Canada, Territories) and how Canadian settlement led to the balance of power that today's anti-oppression movements respond to.
- f. Become aware of the mechanisms by which different parts of government interact with the public and identify those best suited to the needs of advocacy.
- g. Understand how policy issues emerge and translate to outcomes within government.

### 3. Resources

- a. OMSA Canadian healthcare funding module:  
[https://omsa.ca/sites/default/files/page/49/module\\_canadian\\_health\\_care\\_funding.pdf](https://omsa.ca/sites/default/files/page/49/module_canadian_health_care_funding.pdf)
- b. Government of Ontario: [History of government](#)
- c. Understanding Canadian Government:  
[https://rover.edonline.sk.ca/system/guides/understanding\\_canadian\\_government\\_GD120.pdf](https://rover.edonline.sk.ca/system/guides/understanding_canadian_government_GD120.pdf)
- d. Canada's court system by the Justice Department: [How the Courts are Organized - Canada's Court System](#)
- e. Parliament of Canada: <https://www.parl.ca>
- f. Keeping tabs on Parliament: <https://openparliament.ca>
- g. Trudeau metre: <https://trudeaumetre.polimeter.org>

- h. *National Newswatch*: <https://www.nationalnewswatch.com>
- i. *House of Commons & Senate's social media*

## Speaking with Politicians

### 1. Description

This workshop will introduce students to the importance of engaging with legislators, policymakers, and politicians to advocate for healthcare legislation and policy changes. Students will understand the role of politicians in healthcare decisions. Students will obtain resources and develop practical strategies to effectively communicate with politicians to advocate for systemic change. The importance of developing longitudinal relationships with local policymakers will be emphasized. Through interactive roleplaying, students will gain the confidence to lobby policymakers and politicians.

### 2. Learning Objectives

- a. Identify the roles and responsibilities of politicians in developing and modifying healthcare legislation.
- b. Understand how meeting with politicians could influence decision-making.
- c. Understand the basics of meeting with politicians.
- d. Develop strategies to prepare for, conduct, and follow-up on your meeting.
- e. Practice preparing for and conducting meetings with politicians in a mock setting.

### 3. Resources

- a. *Identifying Decision-Makers* (AAP): [https://drive.google.com/file/d/1XXvt722i\\_SbCAsoBW12kwimFWvT63YI9/view](https://drive.google.com/file/d/1XXvt722i_SbCAsoBW12kwimFWvT63YI9/view)
- b. *Tips for Contacting Decision-Makers* (AAP): [https://drive.google.com/file/d/166XRV\\_0o31P3MqWFzARRjkJ4iJnSqaKN/view](https://drive.google.com/file/d/166XRV_0o31P3MqWFzARRjkJ4iJnSqaKN/view)
- c. *Meeting with Policy Makers* (CFMS): <https://www.cfms.org/what-we-do/advocacy/advocacy-Toolkit/guide-to-effective-meeting-with-policy-makers>
- d. *How to Contact your Local MPP* (OMA): [https://omsa.ca/sites/default/files/page/49/module\\_reaching\\_out\\_to\\_your\\_local\\_mpp.pdf](https://omsa.ca/sites/default/files/page/49/module_reaching_out_to_your_local_mpp.pdf)
- e. *Legislative Visit - Common Scenarios* (AAP): [https://www.aap.org/en-us/Documents/cpti\\_module3\\_legislativeinterview.pdf](https://www.aap.org/en-us/Documents/cpti_module3_legislativeinterview.pdf)
- f. *Local Politician Meeting* (Progress Toronto): [https://drive.google.com/file/d/1izbJR-KWP\\_syIMLg\\_n-tOloHUNcLqxaE/view](https://drive.google.com/file/d/1izbJR-KWP_syIMLg_n-tOloHUNcLqxaE/view)
- g. *One-on-One Meetings* (AAP): [https://drive.google.com/file/d/1vKdLZ8VnTy8c6w8uAY5UQ-JS\\_7i8uEsd/view](https://drive.google.com/file/d/1vKdLZ8VnTy8c6w8uAY5UQ-JS_7i8uEsd/view)
- h. *Influencing Health Policy* (California Medical Association): <http://www.sfmms.org/Portals/27/assets/docs/Influencing%20Health%20Policy.pdf>
- i. *Lobbying 101 Video* (AAFP): <https://www.aafp.org/advocacy/involved/Toolkit/advocacy-resources/lobbying101.html>

### 4. Sample Exercises

- a. Think-pair-share: Brainstorm what is the role of a politician in healthcare policy



- b. Roleplay: Meeting with a politician
- c. Experiential learning: Contact your local GAAC to get involved in the National, Provincial and/or Municipal Days of Action at your school

## Engaging with Media

### 1. Description

Media can be an effective tool to support, promote, and communicate one's advocacy efforts to the public. There are various media platforms available including print, television, radio, press releases, and more. It is important to understand how these various platforms can be used to strengthen one's advocacy campaigns. The purpose of this workshop is to provide participants with knowledge and practical skills so they can use media as an advocacy tool, in a professional, respectful, and safe manner.

### 2. Learning Objectives

- a. Understand how to engage with news and media outlets (capturing attention, who to contact, etc.).
- b. Understand the different media outlets, including letters-to-the-editor, press releases, petitions, direct actions (protests), community forums, etc.
- c. Understand the role that each news and media outlet plays in advocacy campaigns and how they can support your advocacy efforts.
- d. Understand how to maintain professionalism, respect, and safety while engaging with the media and public (i.e. connecting with your school's communications department, how to safely protest, etc.).
- e. Practice developing a media publication (i.e. letter-to-the-editor, interview, press release, etc.).

### 3. Resources

- a. *Letters to Editor* (CFMS): [cfms.org/what-we-do/advocacy/advocacy-Toolkit/letters-to-editor](https://www.cfms.org/what-we-do/advocacy/advocacy-Toolkit/letters-to-editor)
- b. *Letter Writing Campaign* (CFMS): <https://www.cfms.org/what-we-do/advocacy/advocacy-Toolkit/letter-writing-campaign>
- c. *Direct Action* (CFMS): <https://www.cfms.org/what-we-do/advocacy/advocacy-Toolkit/direct-action>
- d. *Community Forums and Public Meetings* (CFMS): <https://www.cfms.org/what-we-do/advocacy/advocacy-Toolkit/community-forum-public-meeting>
- e. *Media & Communications Advocacy* (AAP): [https://drive.google.com/file/d/1ysTqP\\_dKZj5qRjx3kNcsk9u40CnTOdXi/view](https://drive.google.com/file/d/1ysTqP_dKZj5qRjx3kNcsk9u40CnTOdXi/view)
- f. *Know your Rights Guide to Protesting* (CCLA): [ccla.org/know-rights-guide-protesting/](https://www.ccla.org/know-rights-guide-protesting/)
- g. *Advocacy Toolkit* (St. Michael's Hospital): [fmf.cfpc.ca/wp-content/uploads/2017/10/F175\\_Introduction-to-System-Level-Advocacy-for-Family-Physicians.pdf](https://www.fmf.cfpc.ca/wp-content/uploads/2017/10/F175_Introduction-to-System-Level-Advocacy-for-Family-Physicians.pdf)

## Social Media Advocacy

### 1. Description

Social media can be a powerful tool to learn, share information, network within your profession, enhance community organization, promote public health programs, and interact with policy and decision makers. These workshops will familiarize participants with different platforms that can be utilized to share one's message and enhance one's advocacy work. After being familiarized with various strategies for social media advocacy, participants will develop a mock social media campaign to practice these advocacy skills.

### 2. Learning Objectives

- a. Understand the different social media platforms (i.e. Facebook, Instagram, Twitter, etc.) and the role each can play in advocacy campaigns.
- b. Understand how to maintain professionalism, respect, proper etiquette, and safety while engaging elected officials and the public across the different social media platforms
- c. Understand how to use social media to develop digital advocacy campaigns
- d. Review different types of social media advocacy campaigns (i.e. letter writing, petitions, hashtags, sharing graphics/information, etc.).
- e. Understand the pros and cons of social media advocacy (i.e. broader audience, the risk of performative allyship, online harassment, other).
- f. Practice developing a social media campaign.

### 3. Resources

- a. *Social media advocacy* (CFMS):  
<https://www.cfms.org/what-we-do/advocacy/advocacy-toolkit/social-media>
- b. *Media & Communications Advocacy* (AAP):  
[https://drive.google.com/file/d/1ysTqP\\_dKZj5qRjx3kNcsk9u40CnTOdXi/view](https://drive.google.com/file/d/1ysTqP_dKZj5qRjx3kNcsk9u40CnTOdXi/view)
- c. *Top 10 tips for using social media in professional practice* (CMPA)  
<https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2014/top-10-tips-for-using-social-media-in-professional-practice>
- d. *Social Media and Health Care Professionals* (P&T journal)  
<https://pubmed.ncbi.nlm.nih.gov/25083128/>

## Global Health Advocacy

### 1. Description

Global health explores the various factors that impact world health, and advocates for equitable health care for populations worldwide. Global health has significant impacts on both our local and international communities due to many factors such as travel, economy and climate change. It is essential that current and future healthcare providers learn how to participate in global health advocacy from an ethically informed and professional perspective. The purpose of this workshop is to provide learners with the knowledge and tools to advocate for global health initiatives from a culturally competent framework.

## 2. Learning Objectives

- a. Understand the guiding principles of global health (sustainability, partnership, cultural competence and safety, etc.).
- b. Understand the international and local impacts of global health.
- c. Learn how to use grassroots initiatives and a bottom-up approach to advocate for global health issues
- d. Understand the different forms of advocacy and know when to use them in a global context.
- e. Learn how to advocate for global health issues in an ethical and professional manner.
- f. Understand how to effectively advocate globally by supporting communities.

## 3. Resources

- a. *Ethical Global Health Engagement Learning Resources*  
[https://www.cfms.org/files/global-health-education/Ethical Global Health%20Engagement.pdf](https://www.cfms.org/files/global-health-education/Ethical%20Global%20Health%20Engagement.pdf)
- b. *Refugee and Migrant Health Learning Resources*  
[https://www.cfms.org/files/global-health-education/Refugee and Migrant%20Health.pdf](https://www.cfms.org/files/global-health-education/Refugee%20and%20Migrant%20Health.pdf)
- c. *Climate Change Learning Resources* [https://www.cfms.org/files/global-health-education/Climate Change.pdf](https://www.cfms.org/files/global-health-education/Climate%20Change.pdf)
- d. *Indigenous Health Learning Resources* [https://www.cfms.org/files/global-health-education/Indigenous Health.pdf](https://www.cfms.org/files/global-health-education/Indigenous%20Health.pdf)
- e. *CFMS Selected Cases in Global Health* <https://www.cfms.org/what-we-do/global-health/global-health-education>
- f. *Canada's Efforts to Promote Global Health* [https://www.international.gc.ca/world-monde/issues\\_development-enjeux\\_developpement/global\\_health-sante\\_mondiale/index.aspx?lang=eng](https://www.international.gc.ca/world-monde/issues_development-enjeux_developpement/global_health-sante_mondiale/index.aspx?lang=eng)
- g. *Upcoming Conference: Decolonizing Global Health in the Era of COVID 19*  
[http://hopkinsglobalhealth.org/news-events/events/decolonizing-global-health-in-the-era-of-covid-19-conference/?fbclid=IwAR1iP4XVVALloZxrMYmuP2tF59XqOckTPmMkVZOQDQ7lp-a0nbN2v5I\\_8YQ](http://hopkinsglobalhealth.org/news-events/events/decolonizing-global-health-in-the-era-of-covid-19-conference/?fbclid=IwAR1iP4XVVALloZxrMYmuP2tF59XqOckTPmMkVZOQDQ7lp-a0nbN2v5I_8YQ)

## Case Studies

### 1. Description

Workshops that incorporate case studies will give participants the opportunity to learn more about barriers to healthcare that are experienced by specific vulnerable populations and to practice advocating for solutions. There exist many structural and systemic barriers that prevent communities and individuals from attaining health and wellbeing, any of which could be highlighted in this case studies workshop. The overall objective of this “Case Studies” workshop is to offer students and presenters deliverable learning objectives to fulfill while discussing issues in Canadian society. The topics provided in this workshop

are suggestions and do not attempt to characterise the full spectrum of health inequities that exists today. Participants will complete this workshop having gained knowledge of specific health issues and practice applying their advocacy skills learnt throughout the Longitudinal Advocacy Training Series towards addressing a real-life problem.

## **2. Learning Objectives**

- a. Understand how to identify, interpret, and reflect on current laws, policies, etc. that may be perpetuating systemic barriers and injustices.
- b. Understand how to identify and appreciate the needs of your patients and community.
- c. Learn more about a specific community or population and how their unique circumstances contribute to their health and wellbeing.
- d. Practice identifying systemic barriers, injustices, and/or social determinants of health within Canadian society.
- e. Practice integrating and applying advocacy strategies and skills (learnt throughout the Longitudinal Advocacy Training Series) to solve real-life advocacy problems.

## **3. Potential Case Study Topics**

**Note:** The following topics are suggestions. Host schools are encouraged to focus on a population of their choosing for a case studies workshop.

### **a. Topics related to Black communities**

- i. Black Physician Experiences in Ontario (BPAO):  
[https://drive.google.com/file/d/1p52RMVHbj\\_b0bc1EujmFBweE9X83K0vd/view](https://drive.google.com/file/d/1p52RMVHbj_b0bc1EujmFBweE9X83K0vd/view)
- ii. Anti-racism resources by Equity at McGill, including books, videos, TV and film, podcasts, articles, and self-care resources for Black Students, Faculty, and Staff: <https://mcgill.ca/equity/resources/anti-black-racism-resources/anti-racism>
- iii. Berwick DM. The Moral Determinants of Health. JAMA. Published online June 12, 2020. doi:10.1001/jama.2020.11129. Accessible at: <https://jamanetwork.com/journals/jama/fullarticle/2767353>
- iv. Image for reflection:  
<https://drive.google.com/file/d/1wyA1Yul1PSd0TUIGW8o5PY-0N5GS-Yi/view>
- v. Video for reflection: “Understanding White Privilege Through a \$100 race!”: <https://www.youtube.com/watch?v=C17LiVmGyaU>
- vi. Antiracist pedagogy reading list: [https://www.mcgill.ca/med-saceoffice/files/med-saceoffice/antiracist\\_pedagogy\\_reading\\_list.pdf](https://www.mcgill.ca/med-saceoffice/files/med-saceoffice/antiracist_pedagogy_reading_list.pdf)

### **b. Topics related to Indigenous communities**

- i. Highway of Tears: <https://highwayoftearsfilm.com/watch>
- ii. After the Last River: <https://www.afterthelastrivermovie.com/watch-the-film-1>

- iii. We Were Children:  
[https://www.nfb.ca/film/we\\_were\\_children/trailer/we\\_were\\_children\\_trailer/](https://www.nfb.ca/film/we_were_children/trailer/we_were_children_trailer/)
- iv. Marcia Anderson Ted Talk: <https://www.youtube.com/watch?v=lpKjtujtEYI>
- v. Boil water advisories (Global News):  
<https://globalnews.ca/news/5887716/first-nations-boil-water-advisories/>
- vi. Indigenous Relationship and Cultural Safety Courses (CCO):  
<https://www.cancercareontario.ca/en/resources-first-nations-inuit-metis/first-nations-inuit-metis-courses>
- vii. First Peoples Second Class Treatment (Wellesley Institute):  
<https://www.wellesleyinstitute.com/wp-content/uploads/2015/02/Summary-First-Peoples-Second-Class-Treatment-Final.pdf>
- viii. Indigenous Moms accessing care for their kids:  
<https://www.tandfonline.com/doi/full/10.1080/17482631.2019.1600940>
- ix. Paintings by Kent Monkman: <https://www.kentmonkman.com/painting>
- c. Topics related to trainee & physician mistreatment**
  - i. Interrupting Microaggressions:  
[https://academicaffairs.ucsc.edu/events/documents/Microaggressions\\_InterruptHO\\_2014\\_11\\_182v5.pdf](https://academicaffairs.ucsc.edu/events/documents/Microaggressions_InterruptHO_2014_11_182v5.pdf)
  - ii. Responding to Racial Microaggressions:  
<https://diverseeducation.com/article/176397/>
- d. Topics related to mental health and wellness**
  - i. Advocacy for Mental Health (WHO):  
[https://www.who.int/mental\\_health/policy/services/1\\_advocacy\\_WEB\\_07.pdf](https://www.who.int/mental_health/policy/services/1_advocacy_WEB_07.pdf)
- e. Topics related to LGBTQ2IA+ communities**
  - i. Idea: “How to advocate for LGBTQ2IA+ health as a non-LGBTQ2IA+ member, a case study”
  - ii. 10 Key LGTBQ Health Advocacy Issues:  
<https://www.thetaskforceactionfund.org/wp-content/uploads/sites/84/2020/03/10-key-lgbtq-health-advocacy-issues.pdf>
  - iii. Accessible Care Strategies (Trans Care BC):  
[http://www.phsa.ca/transcarebc/Documents/HealthProf/20\\_Care\\_Strategies.pdf](http://www.phsa.ca/transcarebc/Documents/HealthProf/20_Care_Strategies.pdf)
- f. Topics related to individuals living with addictions and substance use**
  - i. “The Heroin Clinic” - How Crosstown Clinic managed to get legal heroin approved <https://www.citedpodcast.com/podcast/41-the-heroin-clinic/>

## REFLECTION ASSIGNMENT

Completion of the reflection assignment (“Appendix 2”) is a **mandatory** component of the Longitudinal Advocacy Training Series. Students who wish to receive certification for the Training

Series *must* complete the reflection assignment and submit the assignment to their school's GAAC by the end of the academic year.

For any questions or concerns regarding the assignment, please feel free to contact your school's GAAC or the Longitudinal Advocacy Training Series committee: [advocacytraining@cfms.org](mailto:advocacytraining@cfms.org)

## CREATING YOUR OWN WORKSHOP

### 1. *Description*

This Toolkit is meant to be a reflection of the core requirements of being a patient advocate, and therefore there are potential advocacy topics that are not included and could add value to the Training Series. This document is meant to outline the process of creating a new workshop and having it approved to be part of the Longitudinal Advocacy Training Series and to count towards the official CFMS certificate.

### 2. *Process*

#### *Stage 1: Proposal Development*

- 1) What is the topic you wish to address with your workshop?
- 2) Is this topic already covered in the listing currently provided in the “Workshops” section? If so, you could propose an addition or change to an existing workshop.
- 3) Search for resources to utilize as part of workshop development.
- 4) Review literature on the topic(s).
- 5) Draft a description of the workshop.
- 6) Ensure that the workshop is designed consequently with the principles of this Toolkit. In particular, review the “Mandatory Components”, “Recommended Components”, and “Background” sections.
- 7) Develop 5-10 learning objectives to present as part of your proposal.
- 8) Draft the workshop (presentation slides, potential speakers, hands-on components, etc.).
- 9) Fill out the following proposal form (<https://forms.gle/4wGkeUZGsyEbNJpF6>).
- 10) Email the form to the Training Series committee: [advocacytraining@cfms.org](mailto:advocacytraining@cfms.org).

#### *Stage 2: Consultation of Idea by Committee*

- 11) The committee will review your idea and reach out to discuss within 14 days.
- 12) If your idea is not approved, please return to Stage 1 or fulfill the requests of the committee should there be any.
- 13) If your idea is approved for further development, please move onto Stage 3.

#### *Stage 3: Refining the workshop*

- 14) Implement edits based on committee review.
- 15) Finalize draft of description and outcomes.
- 16) Community consultations on the topic are strongly encouraged (at least three consultations recommended).

## ADDITIONAL RESOURCES

- *Advocacy Guide* (AAP): <https://www.aap.org/en-us/advocacy-and-policy/state-advocacy/Documents/AdvocacyGuide.pdf>
- *Broadening Participation* (AAP): *Recruiting others to your advocacy initiative*: <https://drive.google.com/file/d/1yG9P1vGQIN2KyH-N5sGXArbhqCQ77LWi/view?usp=sharing>
- *Being an Effective Advocate in About An Hour a Month* (AAP): <https://drive.google.com/file/d/1usbK877fA6OG7VEXp-i55-19br7sraUB/view?usp=sharing>

## ABBREVIATIONS

AAP: American Academy of Pediatrics

AAFP: American Academy of Family Physicians

BPAO: Black Physicians' Association of Ontario

CCLA: Canadian Civil Liberties Association

CCO: Cancer Care Ontario

CFMS: Canadian Federation of Medical Students

CMA: Canadian Medical Association

CMPA: Canadian Medical Protective Association

GAAC: Government Affairs & Advocacy Committee Representative (CFMS Committee)

OMA: Ontario Medical Association

OMSA: Ontario Medical Students Association

UofT: University of Toronto

WHO: World Health Organization

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## CFMS Longitudinal Advocacy Training Series Toolkit

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Andrew Thomas, MD, Vice-President, Black Physicians' Association of Ontario

Joanne Thompson, Executive Director, The Gathering Place



# APPENDICES

## CFMS Longitudinal Advocacy Training Series Toolkit

### APPENDIX 1: VERIFICATION FORM

#### *CFMS certification process*

1. Full name:
2. Email address:
3. Medical school you represent:
4. Please list the events you held as part of the Longitudinal Advocacy Training Series. Please provide a brief description of each event as well, including the name of the speaker.

4. Please sign your name below to indicate that you agree that the events you held at your school meet the **mandatory guiding principles** and workshop topics' **learning objectives** of the CFMS Longitudinal Advocacy Training Series.

## APPENDIX 2: REFLECTION ASSIGNMENT

As part of the CFMS Longitudinal Advocacy Training Series, participants are required to write one reflective piece to obtain a CFMS Advocacy Certificate.

The goal of the reflective exercise is to introduce the concept of self-reflection and evaluation, with the aim of developing skills in reflective writing to improve future clinical practice. Reflective pieces are designed to promote self-improvement and self-awareness, while enhancing our competencies in communication, health advocacy, and collaboration. Reflection serves a number of important roles including: awareness of our own thought processes, connecting with our own humanity, and increasing self-compassion. Developing reflective practice is an important lifelong process. We hope that you will begin to develop these reflective skills to nourish your personal well-being and enhance your future patient care as a physician (McMaster Medical School, Professional Competencies Curriculum).

For the reflective exercise, you are invited to submit a reflection in any medium (e.g., written, a video, a song, an art piece) following a Longitudinal Advocacy Training Series workshop of your choosing. For written reflections, the reflective piece should be between 250-350 words. The reflection will be submitted to your school's Government Affairs & Advocacy Committee (GAAC) representative via a Google form. You are welcome to include personal examples of your own advocacy efforts or when you wanted to be a better advocate in your reflection. Please do not write or share anything that you would not feel comfortable sharing with a close colleague. The reflection is personal, but not confidential or private the way a diary entry would be. The reflection will not be graded. You may write more than one reflection if you wish, however, only one is required for the Longitudinal Advocacy Training Series certification.

You will have the opportunity to choose from several prompts that relate to the material being covered in your Advocacy workshops, and/or your clinical and personal experiences. You are welcome to submit the reflection at any time throughout the Longitudinal Advocacy Training Series. For your reflection, please choose from one of the following prompts:

### **Prompt A:**

Privilege and power are prevalent in healthcare and must be acknowledged to safely care and advocate for patients. Privilege occurs when a specific group has an advantage due to their culture, education, sexuality, etc. Power occurs when a certain group has the ability to influence another group's decision-making. By reflecting on our privilege and position of power, we can better recognize barriers and inequities that impact our patients.

Please reflect upon your power, privilege, and the motivation behind your decision to advocate as a healthcare provider/student. Discuss how these factors influence your participation in advocacy work with vulnerable populations.

### **Prompt B:**

Within the Canadian healthcare system, there are a multitude of barriers that certain patients and populations face when trying to receive healthcare. These include but are not limited to: physical access to services, experiencing implicit biases and discrimination from healthcare providers, and not knowing where to find safe healthcare services for their particular needs. This often leads to patients either not receiving the service at all or having a poor experience with their healthcare provider.

Please reflect on and indicate why you think medical students and physicians have a responsibility to educate themselves about issues and barriers affecting vulnerable populations.

**Prompt C:**

Current systems, laws, policies, etc. in Canada exist that benefit certain group(s) over others (a concept also known as systemic racism). These systems can covertly lead to the marginalization, discrimination, and/or creation of barriers for certain populations. In healthcare, these social, economic, or political factors (known as social determinants of health) can manifest as health disparities between our patients based on race, sexual orientation, abilities, etc.

Please identify and reflect on a current system, law, policy, etc. that exists in Canada and how it may be perpetrating systemic barriers and injustices. Feel free to discuss this in relation to the healthcare system and health disparities (optional).

Recommended reading: *Confronting Racism in Everyday Life* (CTV News):

<https://ottawa.ctvnews.ca/confronting-racism-in-everyday-life-1.4967526>

#### **APPENDIX 4: TEMPLATE ATTENDANCE FORM FOR EACH WORKSHOP**

[docs.google.com/forms/d/1a773fbDKLgf9ZpRjgo1ZLb8r-AMKn\\_dWTepRXDKE5u0](https://docs.google.com/forms/d/1a773fbDKLgf9ZpRjgo1ZLb8r-AMKn_dWTepRXDKE5u0)

#### **APPENDIX 5: CENTRALIZED ATTENDANCE SHEET FOR ALL WORKSHOPS**

[docs.google.com/spreadsheets/d/1sRi-XI3Kduz7cuVdGOy1pcU7xhqQgeqCwnfHyjosQ7M](https://docs.google.com/spreadsheets/d/1sRi-XI3Kduz7cuVdGOy1pcU7xhqQgeqCwnfHyjosQ7M)

#### **APPENDIX 6: TEMPLATE REFLECTION ASSIGNMENT SUBMISSION FORM**

[docs.google.com/forms/d/1Z4IHxl0ur1RGakglYt36L6xS4tTPvPVrz4FU9jiTEen8](https://docs.google.com/forms/d/1Z4IHxl0ur1RGakglYt36L6xS4tTPvPVrz4FU9jiTEen8)

#### **APPENDIX 7: WORKSHOP FEEDBACK FORM**

[docs.google.com/forms/d/e/1FAIpQLSc4FMMdILXAAu1WMLp1Lxkg-3S\\_KA8-hOJO303YGRspqllvsQ/](https://docs.google.com/forms/d/e/1FAIpQLSc4FMMdILXAAu1WMLp1Lxkg-3S_KA8-hOJO303YGRspqllvsQ/)

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