

# Resource Document: Advocacy Teaching in Psychiatry Residency Training Programs

*The findings, opinions, and conclusions of this report do not necessarily represent the views of the officers, trustees, or all members of the American Psychiatric Association. The views expressed are those of the authors.*

Authors:

Council on Advocacy and Government Relations

Katherine G. Kennedy, M.D.; Mary C. Vance, M.D.<sup>1</sup>

### **Background**

Advocacy, generically defined as the active support for a particular cause, policy, or issue, is applicable to medicine and psychiatry as physicians' responsible use of "their expertise and influence to advance the health and well-being of individual patients, communities, and populations" (Frank, 2005). Advocacy can be undertaken from within an organization or as an outside stakeholder, and it can focus on a single theme (e.g., Barber, 2008) or more generally on issues that relate to patient needs, including the social determinants of health (e.g., Chin, 2017). Although the concept of advocacy is commonly linked to legislative advocacy, a specific arena of advocacy that seeks to influence policy and politics, it is also applicable more broadly to other activities that physicians undertake to support specific causes (e.g., community-level advocacy to avert the shutdown of a homeless shelter, interviews with the lay media as advocacy to inform public opinion).

Participation in advocacy is increasingly recognized as an integral part of a physician's professional role. In June 2002, the American Psychiatric Association (APA) Board of Trustees voted to support the American Medical Association's (AMA) "Declaration of Professional Responsibility," which includes the assertion that "physicians commit themselves to ... advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being" (AMA, 2001). The primary goal of advocacy as a professional responsibility is further underscored by its inclusion in the physician competency frameworks of multiple medical regulatory bodies, among them the Accreditation Council for Graduate Medical Education (ACGME) (ACGME, 2017, "Psychiatry") and the Royal College of Physicians

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<sup>1</sup> Workgroup Members: Katherine G. Kennedy, M.D.; Mary C. Vance, M.D.; Debra A. Pinals, M.D.; Rachel Tally, M.D.

and Surgeons of Canada (Frank, 2005). These positions highlight that the scope of a physician's practice includes not only understanding the impacts of the greater environment—e.g., families, communities, and healthcare systems—on the health and well-being of his or her patients, but also the will to act on that understanding to improve patient experiences and outcomes.

While advocacy is not unique to psychiatry, it is an important component of ensuring that both persons in mental health treatment and the psychiatrists who treat them are equipped with the resources and policies they need to maximize positive impact and treatment outcomes. As medical doctors with additional extensive training and human psychology and behavior, psychiatrists are uniquely positioned to appreciate that behavioral illness occurs in a systems context and that a complex array of biopsychosocial factors impact patients' lives. Psychiatrists are well-equipped to treat their patients by making biological and psychological changes, via pharmacotherapy and psychotherapy, to alleviate the suffering of mental illness. Moreover, they are well-suited to better shape the systems of care that their patients navigate by partnering with professional and community organizations in group advocacy efforts. Finally, they are well-positioned to work within the profession of medicine to foster an effective physician workforce that would further optimize patient health and well-being.

### ***The Role of Advocacy Training for Psychiatric Residents***

Because understanding how to advocate is not necessarily intuitive, formalized training in advocacy can be helpful in achieving greater impact. However, formalized methods to teach advocacy skills have not historically been widely available in psychiatry. Learning how to advocate for patients and for the profession requires the development of multiple specific, complex skills, such as public speaking, expository writing, legislative and media outreach, and coalition-building. These skills should be taught in a thoughtful and considered manner, as it cannot be assumed that advocacy will be learned by simple exposure or passive observation. Advocacy also requires a solid knowledge base of multiple topics outside of the strict biomedical realm, including how healthcare systems operate; how mental health services are financed; the social determinants of health; and how the legislative process functions at local, state, and federal levels. In order to acquire these skills and knowledge, the APA Council on Advocacy and Government Relations (CAGR) recommends that psychiatry residents be offered both didactic and experiential learning opportunities in advocacy during their training years (see below, "The Role of APA Governance in Promoting Advocacy," for more information on CAGR).

Training in advocacy techniques during residency increases advocacy behaviors beyond residency. A *Pediatrics* study (Minkovitz, Goldshore, Solomon, Guyer, & Grason,

2014) examined pediatric residents who received specialized advocacy training during their residency. Five years after residency, these pediatricians experienced “greater participation in community activities and greater related skills than their peers nationally” (Minkovitz, Goldshore, Solomon, Guyer, & Grason, 2014, p. 83). This study suggests that when advocacy is taught during residency, the positive effects persist post-residency and “may lead to a more engaged pediatrician workforce” (Minkovitz, Goldshore, Solomon, Guyer, & Grason, 2014, p. 83).

In addition, although a number of medical schools support both an advocacy curriculum and advocacy opportunities for their medical students (e.g., the Boston University Advocacy Training Program at Boston University School of Medicine) (BUATP, 2017), the advocacy skill set may decline during residency and post-residency unless advocacy training is reinforced during residency. For example, one study (Stafford, Sedlak, Fok, & Wong, 2010) examining advocacy attitudes and participation in internal medicine residents found that, although advocacy participation was relatively higher among respondents during high school, undergraduate studies, and medical school, a sharp drop-off occurred during residency. Furthermore, 45% and 34% of respondents were unsure as to whether they planned to participate in advocacy during fellowship and post-fellowship, respectively. Therefore, formalized advocacy teaching during residency could be used as a tool to combat this trend of declining advocacy participation.

Of note, when teaching advocacy, CAGR also recommends that the emphasis should be on teaching techniques for advocacy rather than on teaching about specific viewpoints or topics to advocate for. Our profession does not share a monolithic perspective, and CAGR recognizes that what is learned in advocacy training will be used to advocate on behalf of multiple perspectives.

### ***A Survey of Advocacy Curricula in Psychiatric Residencies***

Recognizing the importance of advocacy to the profession of psychiatry, psychiatric educators and trainees across the country have begun to incorporate advocacy teaching into the curricula of psychiatric residencies over the past 4-5 years. The current paper began as an effort to document examples of the advocacy curricula of the U.S. psychiatry residency training programs currently teaching advocacy, with the intent to create a resource document that will enable more training programs to do the same and to foster the development of a “best practice guideline” for advocacy teaching.

To identify psychiatry residency programs teaching advocacy, responses from a blast email to the American Association of Directors of Psychiatric Residency Training (AADPRT) inquiring about advocacy curricula were first utilized to identify potential

programs. The authors' personal knowledge of advocacy curricula either in development or already in place was used to further identify pertinent programs. Finally, a request to CAGR members was made, both in person and via email, to name additional programs. These efforts yielded a total of seven programs with advocacy curricula either in development or in place. Phone interviews were then conducted in Fall 2017 with the program directors, faculty members, and/or resident leaders at each program who had specific knowledge of their advocacy curricula in order to more collect detailed information. Summaries of these advocacy curricula were emailed to each program director for updates and final approval in January 2018. These seven programs, therefore, are highlighted in this resource document and offer a beginning outline of advocacy training elements (see [Table 1](#) and [Appendix A](#) for further details). Other programs may be in effect or in development, and these are meant to serve only as initial representative models.

Many of these programs began their forays into advocacy either in response to grassroots pressure by current residents in their program or following queries by prospective residents during recruitment season. Some began as a result of the activities of advocacy-oriented faculty. These common patterns of introduction are key differentiators between advocacy teaching and the teaching of other topics during residency. Many topics taught in residency adhere to a top-down flow of information, in which accreditation requirements activate residency programs to teach certain topics, which then activates trainees to learn them. In contrast, the teaching of advocacy has tended to start with a bottom-up flow of information, in which trainees or faculty activate their programs to teach a topic of interest and importance to them—as, indeed, advocacy training is not currently mandated by the ACGME as a standalone competency for psychiatry (see below, “The Role of the Accreditation Council for Graduate Medical Education”). One could argue that this trend in advocacy teaching is emblematic of advocacy itself, wherein grassroots movements often play a significant role in bringing the needs of stakeholders and constituents to the attention of leaders and policymakers.

Of the seven advocacy educational initiatives identified, four are part of the residency program's formal curriculum, one is offered in part as an elective with three sessions as part of the formal curriculum, and two were in the development phase at the time of this resource document's writing. [Table 1](#) provides a summary of the general elements of each program, and further information on the specific contents of each program's advocacy curriculum is listed in [Appendix A](#).

**[Table 1](#). Key elements of advocacy curricula within seven sample residency programs, as of January 2018.**

**Protected**

| <b>Program</b> | <b>Initiated</b> | <b>Time?</b>          | <b>Didactic</b>   | <b>Experiential</b>   |
|----------------|------------------|-----------------------|---|---|
| UCSF           | 9/2017           | Yes                   | Curriculum teaches physician advocacy, structural competency, policy and stakeholder engagement, and writing for a public audience  | Longitudinal advocacy project completed with faculty mentorship   |
| Yale           | 9/2016           | Not advocacy-specific | Coordinates with Yale Policy Initiative and other Yale-based groups and programs to provide didactics (e.g., seminars, conferences, grand rounds); 3 sessions added as part of core curriculum to begin in April 2018 | Group Legislative Project: advocate for legislation during Connecticut General Assembly via public hearing testimony, media outreach, and coalition-building  |
| Univ. Illinois | 9/2013           | Yes                   | Two-part lecture series (didactics and special speaker)   | Advocacy Day: full day at State Capitol, learning advocacy skills and speaking with legislators   |
| Harvard        | 2015             | Yes                   | Three-issue lecture series (advocacy, racism, and structural competency); informal “resident reflection” sessions to discuss sociopolitical issues  | Community project competition; ad hoc experiential opportunities; staffing an asylum clinic; Advocacy Day in development  |
| Univ. Mich     | 2016             | Yes                   | Lectures for PGY-2s on psychiatry within the larger social context and for PGY-3s on social determinants, healthcare systems and financing, and laws/regulations on psychiatric practice across states                | Elective in mental health policy/legal regulation of psychiatric practice allows residents to shadow state psychiatric health policy leadership and learn about internal advocacy; also have opportunities to meet with leadership from |

|             |        |     |   |  |
|-------------|--------|-----|---|--|
|             |        |     |   | the state’s executive, judicial, and legislative branches  |
| HCMC        | 2015   | Yes | Uses APA publication <i>Social Determinants of Mental Health</i> for resident-led discussions                                       | Legislative Retreat: full day at State Capitol, learning advocacy skills and speaking with legislators; annual service project with scholarly component and group community project; administrative elective |
| Univ. Texas | 9/2015 | Yes | Three four-hour meetings per year on advocacy topics, with initial didactic followed by special speakers’ panel and breakout groups | Mental Health Day at State Capitol to meet with legislators and attend structured sessions on mental health  |

Legend: UCSF = University of California, San Francisco; Yale = Yale University; Univ. Illinois = University of Illinois, Peoria; Harvard = Harvard/Massachusetts General Hospital/McLean Hospital; Univ. Michigan = University of Michigan, Ann Arbor; HCMC = Hennepin County Medical Center; Univ. Texas = University of Texas, Southwestern; PGY = postgraduate year

These seven programs span a wide geographic range, including the Northeast (Connecticut, Massachusetts), the Southwest (Texas), the Midwest (Illinois, Michigan, Minnesota), and California. Some begin advocacy teaching in the PGY-I training year, but most focus their teaching during the PGY-II and PGY-III years. Each program’s approach to advocacy varies, although most contain both didactic and experiential components.

As far as the didactic component, many programs focus their didactics on the explication and analysis of the social determinants of health, such as race, gender, and socioeconomic status. Didactics are often resident-led or tailored to the expressed interest of the current group of residents. Most programs invite special speakers, including legislators, community activists, journalists, to offer perspectives and answer questions.

As far as the experiential component, many programs have an annual experiential session, termed either “Advocacy Day” or “Legislative Retreat,” during which psychiatry residents travel to their state’s capitol and have the opportunity to meet state legislators and attend committee meetings. Some formal training in public

speaking and written expression may occur during these events.

Even when advocacy training is an explicit goal for a residency program, multiple barriers to the creation, implementation, and longevity of these programs were identified during our survey. These include 1) the lack of a clear faculty internal champion/leader for advocacy; 2) limited time available for advocacy training; 3) the lack of a well-developed curriculum, and 4) the lack of faculty with advocacy experience. [Figure 1](#) identifies potential action items to address these barriers.

All seven programs are still in the process of defining and refining their curricula, demonstrating that this is an evolving area for educational leaders. Compiling their approaches here is a first step to identifying a “best practice approach” to advocacy training. It is our hope that offering these details as ideas will help programs that are contemplating this type of training augmentation.

**Figure 1. Approaches to enhance advocacy education in residency.**

- 1) Prioritize advocacy at the level of program leadership
- 2) Identify blocks of time in which advocacy teaching can be incorporated
- 3) Develop or utilize a clear curriculum according to the best practices currently available
- 4) Identify faculty with advocacy experience to teach, or select from those who are enthusiastic about advocacy and help them gain the relevant experience

***The Role of the Accreditation Council for Graduate Medical Education (ACGME) in Promoting Advocacy***

The Accreditation Council for Graduate Medical Education (ACGME), which is responsible for accrediting graduate medical training programs, including psychiatric residency programs, endorses advocacy within its competency framework for psychiatry: specifically, the ability to “advocate for quality patient care and optimal patient care systems” falls as a subheading under the competency of “systems-based practice” (ACGME, 2017, “Psychiatry”). Furthermore, the Psychiatry Milestone Project, developed jointly by the ACGME and the American Board of Psychiatry and Neurology (ABPN), evaluates residents’ advocacy competency under multiple domains, including “medical knowledge,” “systems-based practice,” and “professionalism” (ACGME & ABPN, 2015). However, in the Psychiatry Milestone Project, the ability to advocate is generally considered an “aspirational” skill that “only a few exceptional residents will reach”; and neither competency framework elevates advocacy to the level of a core competency, as the Canadian CanMEDS framework does (Frank, 2005).

The ACGME’s current stance on advocacy likely factors into the limited time generally devoted to teaching advocacy in psychiatric training programs. Although the

skills and knowledge related to advocacy may be embedded in other topics areas, there is no specified time or educational unit expectation explicitly geared toward advocacy training. This could cause psychiatry residencies to consider advocacy a lower-priority teaching topic, if it is even considered a teaching topic at all. Given the multiple competing demands of residency, and the need to offer rigorous basic psychiatry training on numerous core elements, the addition of an advocacy curriculum to an already packed educational agenda could understandably be perceived as excessively burdensome and/or unrealistic. In counterpoint, however, it is notable that the ACGME's advocacy program requirements for psychiatry differ from those for pediatrics: in the latter, the ACGME specifies that at least five educational units, or five months, of ambulatory experience is required and should include "elements of community pediatrics and child advocacy" (ACGME, 2017, "Pediatrics"). This requirement may in part account for the more robust advocacy curricula currently available in pediatric residencies as compared to psychiatry residencies (e.g., Chamberlain et al., 2013), and suggests that a stronger emphasis on advocacy from the ACGME could galvanize psychiatry residency programs to develop advocacy curricula and engage faculty members as teachers of advocacy.

### ***The Role of APA Governance in Promoting Advocacy***

Advocacy is one of the APA's core goals, as it strives to represent the best interests and wishes of both patients with mental illness and the psychiatric profession. A discussion of advocacy teaching would, therefore, be incomplete without mentioning the advocacy resources and services that the APA provides for its members, and how these can foster the education of future psychiatrist-advocates.

There are multiple individuals and groups within the APA's national and regional networks that perform key advocacy functions, but two main arms within the APA's national network focus directly on advocacy: the Council on Advocacy and Government Relations (CAGR), comprised of appointed APA members, and the Department of Government Relations (DGR), comprised of APA staff. As a permanent council of the APA, the role of CAGR is to provide policy guidance and grassroots advocacy to APA leadership, using the group's collective experience to inform the organization's positioning in political arenas. CAGR also reviews action papers, position statements, and other drafted APA documents and receives regular reports from the DGR to stay current on mental health issues on Capitol Hill as well as within state legislatures. The DGR, on the other hand, helps both APA members and staff stay attuned to legislative, regulatory, and governmental developments and provides resources to advocate on behalf of the APA on Capitol Hill and at the district branch level.

In its role as an advisory body on advocacy representing APA members across

the country, CAGR is well-positioned, in consultation with other relevant councils, to serve as an in-house “think tank” to analyze, make recommendations, and distribute information about approaches to advocacy teaching in psychiatric residencies. The current resource document is one example of CAGR’s work in this arena. To further assist APA members in learning and teaching about advocacy during training and beyond, CAGR is also in the process of developing an online module, entitled “Advocacy 101.” This interactive tool will inform users about ways in which psychiatrists can advocate in a variety of settings, offer an outline of the legislative process at the state and federal levels, and introduce the range of resources that APA can provide in support of advocacy efforts. Members who seek to become more involved with advocacy efforts or who have questions, comments, or suggestions for the APA’s advocacy arms are encouraged to reach out to CAGR, as the APA’s advocacy efforts are informed by the voices of its members.

### ***Summary***

Advocacy is increasingly recognized as an integral part of a physician’s professional role. Research suggests that advocacy skills and values, when acquired during residency, are likely to continue post-residency. Introducing advocacy curricula to psychiatric residencies is a potential way to encourage psychiatrists to participate in advocacy efforts throughout their careers. Over the past several years, largely in response to grassroots pressure from trainees or faculty active in advocacy, a number of psychiatry residency programs have started to train their residents to engage in advocacy in the community and at all levels of government. This resource document highlights seven programs that currently have advocacy curricula available to their residents, and, although not exhaustive, provides a potential roadmap for psychiatric educators who are considering methods that might be effective to foster training and experience in this important area of psychiatric development. Regulatory and policy changes, including within the ACGME’s training requirements for psychiatry, may encourage even more programs to adopt advocacy curricula. The APA plays an important role in ensuring that all psychiatry residents receive optimal advocacy education during their training years, and serves as a resource for educators and trainees interested in becoming more involved with advocacy teaching and with other advocacy efforts.

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**Appendix A. Details of advocacy curricula within seven sample residency programs, as of January 2018.**

This appendix details the advocacy curricula of the seven psychiatry residency programs sampled in the survey for this resource document. It has been reviewed and approved by all program directors as of January 2018, but because curricula are subject to change, the most up-to-date information can be obtained by contacting the programs directly.

**1. California: University of California, San Francisco - Colin Buzza, M.D., Erick Hung, M.D. (Program Director)**

*Advocacy Curriculum Overview*

- The UCSF Adult Psychiatry Residency Program features a new, two-year advocacy curriculum.
- Seven hours of protected educational time are included and provide a framework for physician advocacy as well as background on structural competency, policy and stakeholder engagement, and writing for a public audience.
- The curriculum culminates with a longitudinal advocacy project selected by residents and completed with faculty mentorship.

*Other Advocacy Initiatives*

- UCSF also has a “STEP UP” initiative (Zuckerberg San Francisco General Training and Education Programs for Underserved Populations).
  - Website at <http://stepup.ucsf.edu>
  - Interdisciplinary program available to any resident rotating at Zuckerberg San Francisco General Hospital
  - Curriculum includes educational strategies to provide background on policy, structural competency, leadership, and advocacy
  - Can obtain a Certificate in Health Equity by completing this initiative
- Other advocacy efforts involving UCSF psychiatry residents have included:
  - Working with residents from across disciplines to advocate for preserving the Affordable Care Act and Medicaid coverage via rallies, op-eds, and a social media campaign
  - Working with the residents’ union (Service Employees International Union, SEIU) to advocate for increasing the availability of psychiatric beds

and addressing homelessness via direct stakeholder engagement, op-eds, and social media

2. Connecticut: Yale University - Katherine G. Kennedy, M.D., Robert Rohrbaugh, M.D. (Program Director)

*Advocacy Curriculum Overview*

- An advocacy component was added to the PGY-II core curriculum in April 2018.
  - Consists of 4.5 hours over three sessions as part of a new teaching initiative on social justice and health inequity
  - One session focuses on community advocacy, and the remaining two sessions focus on legislative advocacy skills
- A pilot advocacy elective was started in September 2016 with the following rationale: “Our mental health care system is in the process of undergoing enormous transformation. The decisions made in the next few years will impact the way health care is organized and delivered for the next generation. Understanding how to advocate for a better mental health care delivery system is critical to ensuring that patients have access to quality mental health services.”
  - A hands-on experience designed to help Yale psychiatry residents understand how the legislative process works in the Connecticut General Assembly (CGA) and how advocates can work within that system to support or oppose legislation
  - Includes opportunities to tour the State Capitol, meet with state senators and representatives, provide oral and written testimonies to CGA committee hearings, and network with other advocates and organizations
  - For the elective’s didactic component, leaders of the elective coordinate with the Yale Policy Initiative and other Yale-based groups to host special speakers for seminars, conferences, and grand rounds
  - Open to PGY-IIIs and PGY-IVs at Yale, in addition to fellows and faculty members
- Five hours of protected time is set aside during the PGY-III and PGY-IV schedules for elective experiences. Yale offers a wide variety of electives from which residents may choose; residents often select one or more electives.

*Advocacy Curriculum Details*

## Educational Goals and Objectives

- At the end of this elective, trainees should be able to:
  - Discuss the legislative process in the Connecticut General Assembly
  - Recognize current issues of national concern in the mental health care delivery system, including access to treatment, parity, and scope of practice issues
  - Understand how advocates can work with state legislators to improve mental health services
  - Apply the principles of effective oral and written testimony at public hearings
  - Develop an approach for coalition-building with other advocates and advocacy organizations
  - Appreciate how stigma against mental illness can impact advocacy efforts
  - Appreciate how the psychiatrist's perspective can assist journalists and other media producers

## Group Legislative Project

- Each resident will participate in a group legislative project during this elective. The number of projects will be entirely determined by resident interest.
- In this project, residents will:
  - Work together to identify an area of interest
  - Research the history of state and federal policies for that interest
  - Work with key state lawmakers to develop a legislative solution
  - Advocate for that legislation throughout the CGA 2017 session, using methods such as public speaking, media outreach, coalition-building, and community organizing
- Timeline for the legislative project:
  - September-November: Identify an issue of concern; research the history of legislation for that issue in Connecticut and other states; propose a legislative solution
  - November-January: meet with legislators about the proposed legislation; facilitate submission of that legislation
  - February-March: each resident will submit written testimony and, depending on work schedules, also provide oral testimony at a public hearing at the State Capitol
  - March-June: follow the bill in CGA; set up letter, phone, and email campaigns to legislators; work with media to increase awareness and further grassroots efforts

### 3. Illinois: University of Illinois, Peoria - Ryan Finkenbine, M.D. (Program Director)

#### *Advocacy Curriculum Overview*

- A four-year advocacy curriculum began in Fall 2014.
- The curriculum is divided into three parts. All residents attend Parts I (advocacy basics) and II (special speaker), while Part III (advocacy day) is for PGY-III's only.

#### *Advocacy Curriculum Details*

##### Three-Part Curriculum

- Part I consists of a two-lecture series, each lecture being 1.5-2 hours in length.
  - Lecture 1: how laws are passed, and what physicians can do
  - Lecture 2: overview of current issues facing psychiatry—issues are gleaned from the APA, the Illinois Psychiatric Society (IPS), and a literature and media review
- Part II consists of a special speaker's presentation (e.g., a local, state, or federal legislator). In the past, the program has had state representatives and U.S. Representative Darin LaHood speak. In the future, it may bring in leaders from mental health organizations or the Director of the Illinois Department of Human Services (DHS).
  - In addition to residents, faculty, hospital administrators, and media can attend
  - Residents invited to submit questions in advance of the speaking program
- Part III is entitled "Advocacy Day" and consists of a full day spent at the Illinois State Capitol. Residents prepare for this experience by developing a one-page memo that outlines current issues and concerns, usually based on IPS issues. Residents fill out a pre and post assessment form for this section of the course. The Advocacy Day schedule is as follows:
  - AM: orientation to the APA and political action committees, with emphasis on APA and IPS priorities; overview of the Illinois General Assembly and mental health care rules/laws/issues; learning about consumer groups and professional interest groups and how they may impact patient care
  - PM: each resident paired with a legislator; resident discusses with the legislator his or her one-page memo

- Full group of legislators and residents meet to discuss the memos/IPS issues
- Photo opportunities

4. Massachusetts: Harvard/Massachusetts General Hospital/McLean Hospital - Mary C. Vance, M.D., Derri Shtasel, M.D., M.P.H., Scott Beach, M.D. (Program Director)

*Advocacy Curriculum Overview*

- In 2015, an advocacy group called the Resident Advocacy Committee (RAC) was formed by psychiatry residents, with a focus on “improving care for patients with mental illness through education, community outreach, and legislative efforts.”
  - Website at <http://mghmcleanpsychiatry.partners.org/advocacy/home/>
- The group’s first effort was to translate general interest in advocacy into specific actions. The group chose to use education as a vehicle, to create core curricular material that aligned with priorities of the Division of Public and Community Psychiatry. Two areas were selected: 1) advocacy fundamentals and 2) racism as a social determinant of mental health. These areas would be embedded in the residency curriculum and span four years of training.
- This curriculum is now integrated into the residency training program formally, with funding support and website visibility (to facilitate awareness, promote a cultural shift to include advocacy efforts, and assist in prospective resident recruitment).
- An “Advocacy Day” to the Massachusetts State House is in planning but not fully implemented.
- Multiple ad hoc experiential opportunities are also available for all residents to attend—National Alliance on Mental Illness (NAMI) walks, protest marches, homeless census, etc. These are publicized through the RAC’s listserv.

*Advocacy Curriculum Details*

Three-Issue Lecture Series

- The first lecture series addresses advocacy fundamentals and consists of four lecture hours over two years (a one-hour lecture during PGY-II and a three-hour panel during PGY-III).
  - PGY-II lecture: “Introduction to Advocacy” – focus on bringing in an engaging speaker who can act as an inspiring role model for advocacy; most recently Ken Duckworth, M.D., Medical Director of NAMI

- PGY-III panel: “Advocacy in Psychiatry” – focus on either an issue of interest or on more granular discussion of aspects of advocacy; panel usually includes local community health care advocates
- The second lecture series addresses racism as a social determinant of health and consists of four lecture hours over four years (a one-hour lecture for each PGY class). Its purpose is to bring awareness to racism as a unique determinant of mental health; provide historical context; and focus on the impact of racism on psychiatric evaluation, diagnosis and treatment.
  - PGY-I through PGY-III lectures presented by residents, each focusing on one level of racism and its impact: structural racism (how racism is imbedded within the makeup of neighborhoods), personally mediated racism (the role of bias in diagnosis and treatment), and internalized racism (consequences of implicit bias and microaggressions)
  - PGY-IV lecture varies each year, with an emphasis on using advocacy to address the impact of structural racism
- The third lecture series addresses structural competency: i.e., learning to identify, address, and engage with structural factors affecting patient care. This lecture series is in development.

#### Funding Support

- A community project competition is hosted yearly by the RAC, awarding \$1500 in funding to the best advocacy project pitch.
- RAC members can also request funds from the program director for advocacy-related events/projects (e.g., defraying costs of food and travel to advocacy events, providing refreshments at RAC meetings, ordering RAC pins).

#### Research and Education

- The RAC also prioritizes quality improvement for the advocacy curriculum, preserving and disseminating the curriculum for other audiences, and research into advocacy best practices. As such, the following efforts towards these goals have been made:
  - Pre and post surveys conducted for both the advocacy lecture series and the racism lecture series
  - Advocacy and racism lectures and concepts presented at national meetings:
    - Medlock MM, Weissman A, Carlo A, Zeng MC, Shtasel D, Rosenbaum J. Residents teaching about racism: a novel educational approach to combating racial discrimination in mental

health care (workshop). American Psychiatric Association Annual Meeting, Atlanta, Georgia, May 2016

- Shtasel D, Weissman A, Carlo A, Beckmann D, Medlock MM. Teaching residents about racism: prevention? Institute for Psychiatric Services, Washington DC, October 2016
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### *Other Advocacy Initiatives*

- The internal medicine and pediatrics residencies at the Massachusetts General Hospital also have active resident advocacy groups, with which the RAC is in the process of developing collaborations.
- Multiple advocacy organizations also exist locally in Boston, and residents occasionally attend these groups' events and/or invite them as speakers. These include:
  - The Boston University Advocacy Training Program (BUATP), out of the Boston University School of Medicine, which has a robust advocacy training curriculum and hosts an annual Boston Student Health Activist Summit (BSHAC) (website at <http://blogs.bu.edu/buatp/>)
  - The Student Coalition on Addiction (SCA), "a group of health care students ... working to advocate for residents with and at risk for substance use disorders, including those disadvantaged by homelessness, poverty, racism, and other systemic forces" (website at <https://ma-sca.org>)
  - Right Care Alliance, a national organization with an active Boston chapter, focused on improving the health care system in general by combating wasteful overuse and underuse; interested in input from psychiatrists (<https://rightcarealliance.org/>)
- Asylum clinic: The RAC has been working with internal medicine to help staff a new MGH asylum clinic started in Fall 2017, which offers medical and psychological evaluations to people seeking asylum. These evaluations can be

presented in court to support the need for asylum.

- Resident reflections: The RAC has held informal gatherings amongst residents to meet and discuss current sociopolitical topics.

5. Michigan: University of Michigan, Ann Arbor - Debra A. Pinals, M.D., Michelle Riba, M.D., Michael Jibson, M.D., Ph.D. (Program Director)

#### *Advocacy Curriculum Overview*

- A didactic curriculum spans the four years of residency.
- An experiential elective has also been established to allow for exposure to internal advocacy related to mental health policy and the legal regulation of psychiatric practice.

#### *Advocacy Curriculum Details*

##### Didactic Component

- In PGY-I and PGY-II, there is a didactic review of psychiatry in the social context.
- In PGY-III and PGY-IV, there is a didactic related to healthcare systems and financing as well as a didactic examining the legal regulation of psychiatric practice across states.
- Residents participating in the experiential elective are expected to develop a brief overview of lessons learned and to provide training for their resident colleagues about one health policy area to which they were exposed.

##### Experiential Elective Component

- This experiential component includes shadowing the State Medical Director for Behavioral Health within Michigan and participating in activities such as:
  - Legislative development
  - Policy development
  - Attendance at meetings
  - Attendance on tours of programs
- Another available experiential route involves participation with faculty leaders in activities such as:
  - Attendance at university-level administrative meetings

Discussing advocacy with faculty that have served in major psychiatric leadership roles (including a past president of the APA and past presidents of other allied psychiatric organizations) in a mentoring elective

## 6. Minnesota: Hennepin County Medical Center - Scott Oakman, M.D. (Program Director)

### *Advocacy Curriculum Overview*

- HCMC's advocacy curriculum consists of both didactic and experiential components.
- Experiential components include an annual service project, an administrative elective, and a one-day legislative retreat.
- The curriculum uses *Social Determinants of Mental Health*, an APA publication, (2015, editors Michael T. Compton and Ruth S. Shim) as a resource. This book "provides a foundation of knowledge on the social and environmental underpinnings of mental health and mental illnesses for clinical and policy decision making, with a goal to improve the mental health of individuals across diverse communities and the mental health of the nation as a whole."

### *Advocacy Curriculum Details*

#### Didactic Component

- PGY-II: resident-led discussions use *Social Determinants of Mental Health* as their source text.
  - For each class, one resident takes charge of a chapter to summarize
  - Discusses case(s) from his or her own practice/experience
  - Provides community examples
  - Leads discussion on ideas for interventions and actions

#### Experiential Component

- PGY-II: residents engage in an annual service project.
  - Needs to have a component of scholarly activity
  - Are group projects in which residents connect with a hospital-sponsored service activity (e.g., patient education projects, presentations in schools, NAMI, anti-stigma campaigns like MakeItOK.org)
- PGY-IV: there is an opportunity for an administrative elective, in which the resident shadows the Psychiatry Chair and other administrative leaders.
- PGY I-IV: a one-day legislative retreat is available for all levels of residents. The retreat schedule is as follows:
  - AM: advocacy training with APA/CAGR (discussion of the legislative process, state and federal issues, and how to effectively communicate

with legislators), NAMI Minnesota (state legislative issues and the role of NAMI in advocacy), the Minnesota Psychiatric Society, and the Minnesota Medical Association

- PM: experience at the Capitol, in which residents meet with legislators and legislative staff and attend committee meetings; focus on educating legislators, fielding questions, and gaining a better understanding of the political process

7. Texas: University of Texas, Southwestern - Lindsey Pershern, M.D., Adam Brenner, M.D. (Program Director)

*Advocacy Curriculum Overview*

- In the past, the program’s only advocacy focus was on “Mental Health Day,” during which residents were bussed to the State Capitol (Austin, Texas) to meet legislators and had structured events to discuss mental health.
- A new advocacy curriculum was started in Fall 2015, geared for all years of psychiatric residency.
- An afternoon workshop occurs every four years, with three meetings on a special topic and four hours allotted per meeting.
  - Residents have input on selecting the special topic, which allows topics to be tailored to that group’s interests and fosters a more collaborative effort with them.
  - Meetings are focused on hands-on learning, not simply didactics—more of a workshop than a lecture, since residents prefer this.
- All residents have protected time for these workshops.

*Advocacy Curriculum Details*

Special Session - Afternoon Advocacy Workshop (occurs once every four years)

- Each workshop begins with a didactic piece—i.e., what advocacy is at different levels, from patient to political.
- This is followed by a panel, in which each panelist responds to the question, “How do you define advocacy?” Past panelists include:
  - State Representative
  - mental health journalist
  - president of NAMI Texas
  - representative from a mental health policy institute

- representative from an advocacy institute in Texas
- The panelist question-and-answer session is followed by a breakout session. There are eight groups and eight residents per group, each with a facilitator leading a case-based discussion.
- Finally, all breakout groups return to the large group to discuss.
- In addition to the special session, components of the workshop are integrated yearly into two hours of PGY-1 lecture/discussion sessions. The content of these sessions is dynamic and target the needs of the incoming resident class.