Health advocacy in a competency-based curriculum: The emerging role of global surgery

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Cite as: *Can Urol Assoc J* 2016;10(3-4):82. http://dx.doi.org/10.5489/cuaj.3771

With the introduction of the CanMEDS program by the Royal College of Physicians and Surgeons of Canada (RCPSC) in the 1990s, a new comprehensive framework for medical education was introduced. The program outlined seven physician roles: medical expert, scholar, communicator, collaborator, health advocate, manager, and professional. While recognizing the importance of the broader role the physician plays in our communities and health systems, the program required that medical trainees be formally evaluated in each of these domains. The CanMEDS roles have now long formed the basis for undergraduate and postgraduate medical curricula and are well embedded within the lexicon of modern medical education.

Formalizing the CanMEDS roles — defining them, integrating them into curricula, and evaluating them — was not straightforward. The role of health advocate has been a particular challenge and much literature exists describing the hurdles faced in dealing with health advocacy in residency training. We know from a 2007 survey that Canadian urology residents lack awareness of its mere existence in the framework and there was a deficiency of formal health advocacy opportunities and mentorship within our institutions. Although there have been some modest improvements, health advocacy has remained somewhat of an enigma within our residency training programs. This has undoubtedly led to its marginalization within medical curricula, particularly in residency, where the workloads of patient care dominate residents' day-to-day and the academic burden of fulfilling the medical expert role weighs heavily.

With another metamorphosis of our Canadian medical education system on the horizon — competency-based medical education (CBME) — perhaps the time is right to revisit how to address these more challenging physician roles. It certainly cannot be that the importance of competency in health advocacy among practicing urologists has diminished. One could argue instead that our patients, communities, and even our country cannot afford us to continue to treat it as an afterthought.

Despite the difficulties with formalized training in health advocacy, enthusiasm for advocacy issues among trainees is unprecedented, particularly in the field of global health. Recent literature has suggested that interest in global surgery among surgical residents training in North America is at an all-time high. Herein lies a golden opportunity to align the interests of our trainees with the competencies expected of them; what better way to learn and gain competence in health advocacy than spending time providing care to the world's most poor and marginalized?

A surgical elective in a low- and middle-income country could represent the quintessential experience in health advocacy for a urology resident. Participants in global surgery work are exposed to the crippling problem of poor access to basic medical care and must grapple with troubling questions of global health equity. The role of surgery in public health and health policy are also explored. Beyond the role of health advocate, residents are exposed to a broader scope of urologic pathology, challenged to communicate often in foreign languages or with the use of a translator, and forced to rely on their history-taking and physical examination skills with minimal resources to perform investigations and imaging studies.

Furthermore, it is an exciting time in the field of global surgery. While fellowship opportunities in global surgery are sprouting up at academic centres across North America, the work of the Lancet Commission in Global Surgery has helped surgery elbow its way onto the global health agenda. In fact, a case study on the commission's work alone would be a welcomed exercise for any student of health advocacy. Although the Lancet Commission lacked both urologic and Canadian representation, as the field of global surgery continues to forge ahead, there is great opportunity for urologists and urology residents to heed the tide and get involved.

Some have advocated for a global surgery elective as mandatory in surgical training programs. Perhaps a bit hyperbolic to discuss as mandatory, it at the least warrants our consideration as an excellent opportunity in health advocacy and should be supported as such by our institutions for those residents with interest. With CBME on the way, it also represents a practical and clear-cut avenue for achieving competency in health advocacy.

Competing interests: The author declares no competing financial or personal interests.

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