Women’s Healthcare

Women’s healthcare faces an uncertain future. With anticipated changes in health care reform and women’s access to care, training in health policy, leadership and advocacy skills are becoming critical components of residency training. While the Council on Resident Education in Obstetrics and Gynecology (CREOG) and the American College of Obstetricians and Gynecologists (ACOG) recognize the importance of integrating health policy into graduate medical education, curricular time is precious in residency, and there is little published literature on how best to teach advocacy to residents.

Residents enter training passionate about advocacy, but face barriers getting involved and describe knowledge deficits on policy topics. I conducted a survey on residents at my institution that demonstrated that while involvement in advocacy was common during medical school (90%), only 22.5% of residents were currently engaged in advocacy activities, and 27.5% were undecided if they would engage in advocacy during training. Common barriers included time, stress, and lack of knowledge on how to become meaningfully involved in advocacy work. Specifically, many cited uncertainty in how their new role as physicians could incorporate their vision for advocacy.

To address these gaps, we created and implemented a novel advocacy curriculum at our institution. The 20-hour curriculum addressed broad principles of advocacy, ranging from developing legislative policy, cultivating a research advocacy career, working on statewide quality improvement initiatives, and advocating for underserved populations. Specifically, we felt that residents needed a better understanding of the legislative process, so we held sessions with a lobbyist, a state representative, and a health policy lawyer. We reviewed the steps of creating and passing a law, as well as recently passed women’s health laws in our state. We practiced writing legislation, and several residents teamed up with a state legislator to work on issues of insurance coverage for oncofertility treatment.

Not all advocacy is legislative, and we sought to expose residents to the type that resonates most with them. We brought in the director of our state’s Perinatal Quality Collaborative who spoke on creating partnerships to improve maternal and neonatal morbidity and mortality. We had a researcher speak on community based participatory research and using art to engage the youth community, and a young physician speak on providing care to incarcerated women and underserved populations. We also had a practical component to the curriculum. We had sessions on teamwork and leadership development – from using improvisational theatre techniques to improve communication on teams to practicing principles of narrative medicine to acknowledge, interpret and act on the stories of our patients.

According to one resident “the curriculum provided a glimpse into how different physicians navigated their careers and figured out how to implement their passions and visions.” All doctors are inherently advocates. We are privileged to hear and translate the patient voice, and our patients deserve strong and well-trained physicians to advocate on their behalf. We must begin with our trainees and equip them with the tools they need for this undertaking.