



Mapping Advocacy Education with a CATCH Visiting Professorship

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BACKGROUND

- Pediatricians are advocates for children and gain knowledge and skills during residency training.
- The American Credited Graduate Medical Education (ACGME) requires advocacy exposure in pediatric training without providing directed education mapping.
- Community Health and Advocacy Milestones Profile (CHAMP) is a peer-reviewed tool that links Community Pediatrics Training Initiative (CPTI) gold-standard training objectives to Milestones-based competencies as defined by the American Board of Pediatrics (ABP) and ACGME.
- By mapping residency curricula with CHAMP, residency programs can more accurately easily report trainee performance and progress in community health and advocacy.

METHODS



- The Community Needs Assessment for Madison was reviewed to guide the development of a Community Access to Child Health (CATCH) Visiting Professorship (VP) grant in 2019.
- A department-wide advocacy survey was solicited to provide baseline data on the department's state of advocacy and guide strategic planning during the VP event.
- Participants of the CATCH Visiting Professorship completed session surveys to assess grant objectives using a 5-point Likert scale, Yes/No responses, and free-text reflections.
- Ordinal survey responses were pooled for a summative assessment while thematic analysis was used for free responses.
- With the results, the Community Pediatrics Training Initiative (CPTI) project planning tool was utilized to plan advocacy education curriculum and milestone improvements.
- The CHAMP tool was utilized to organize current advocacy curricula in the residency program.
- The CHAMP tool was updated to include feedback received during the CATCH Visiting Professorship to improve community health and advocacy exposures and experiences for residents in the pediatric residency program.

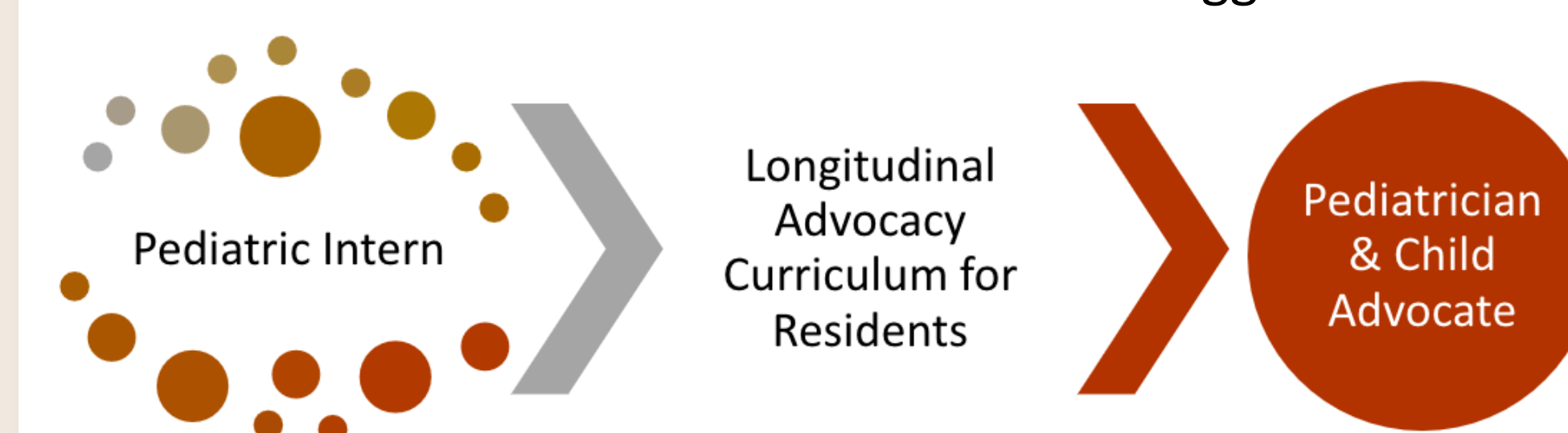
- Residents *desire* a longitudinal advocacy curriculum and opportunities throughout training.
- With the CHAMP tool and resident feedback, a unique CHAMP was created for the UW pediatric residency program based on existing experiences and rotations.

CONCLUSIONS

- Pediatricians in training are interested in becoming advocates.
- A VP is a successful way to identify needs and tailor advocacy curriculum to resident interest.
- This experience suggests that direct resident input can guide advocacy curriculum adjustments.
- Future analysis is needed to assess the effectiveness of curriculum changes.

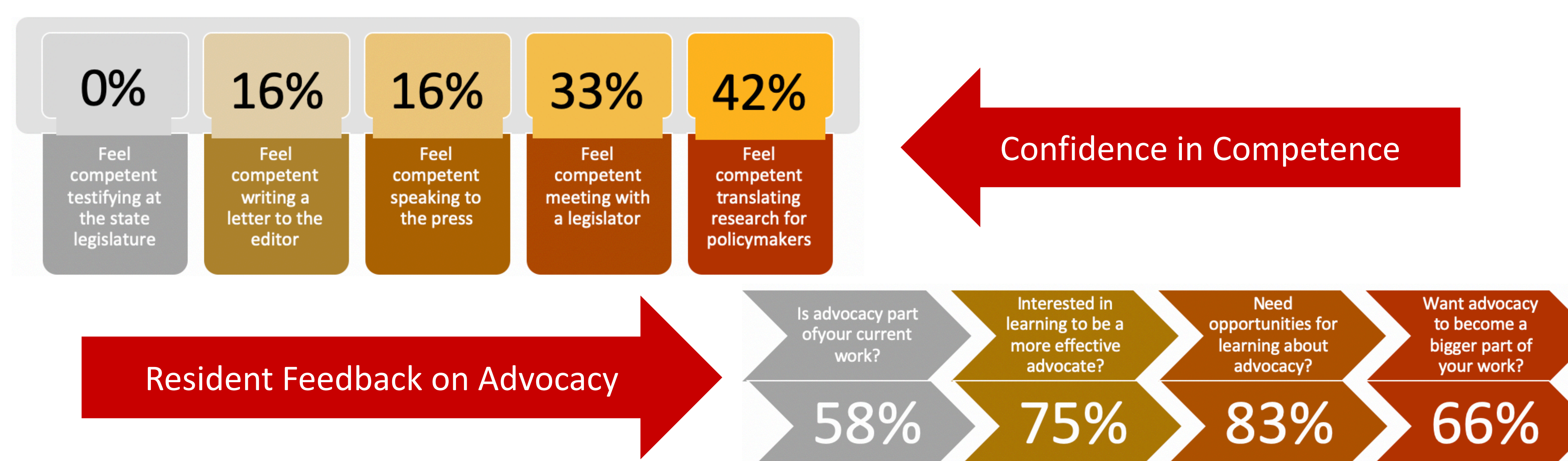
ADDITIONAL KEY INFORMATION

- The unique CHAMP for the UW Pediatric Residency Program and the summative feedback from the CATCH Visiting Professorship is available for viewing using these QR codes:
 
SCAN ME SCAN ME
- Acknowledgements: We would like to thank the AAP Leonard P. Rome CATCH Visiting Professorship Program and the AAP CPTI for all their help and guidance of our CATCH VP grant!
- Below represents the resident feedback into existing rotations and conferences and additional suggestions.



CPAX Rotation	• Provide highlights of community organizations early in PGY1 calendar year • Rotation focus on continuity experience with one organization • Work on advocacy project with shared goal of community partners
Individual Experiences	• Highlight bed-side advocacy that all residents do • Reflect on a patient experience each year • Advanced Advocacy Elective
PEARL Conferences	• Legislative Advocacy • Working in Partnerships • Advocacy Communication
Integrated Advocacy Exposures	• AAP Modules • Advocacy Morning Reports • Class-specific advocacy afternoons • Faculty mentors from each division to help highlight advocacy on rotations

RESULTS



University of Wisconsin – Pediatrics Residency Program Community Health and Advocacy Milestones Profile (CHAMP) Mapping Tool			
Community Health and Advocacy Goals & Objectives			
A. Culturally Effective Care Pediatricians must demonstrate skills that result in effective care of children and families from all cultural backgrounds and from diverse communities.	C. Medical Home Pediatricians must be able to identify and/or provide a medical home for all children and families under their care. As defined by the American Academy of Pediatrics, medical home is a model for delivering primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.	E. Pediatrician as a Consultant/Collaborative Leader/Partner Pediatricians must be able to act as child health consultants in their communities. Using collaborative skills, they must be able to work with multidisciplinary teams, community members, educators, and representatives from community organizations and legislative bodies.	G. Public Health and Prevention Pediatricians must be able to practice from a population-based perspective and understand relationships between individual, family, and community-level health determinants that affect children and families in the communities they serve. Pediatricians must be able to apply community assets and resources to prevent illness, injury, and death.
B. Child Advocacy Recognizing their unique roles, pediatricians should advocate for the well-being of patients, families, and communities. They must develop advocacy skills to address relevant individual, community, and population health issues.	D. Special Populations Pediatricians must be competent in the care of children in special populations, including (but not limited to) children and youth in substitute care, homeless children and youth, children and youth with chronic conditions, immigrants and refugees, and children and youth who are adopted.	F. Educational and Child Care Settings Pediatricians must be able to interact with staff in schools and child care settings to improve the health and educational environments for children.	H. Inquiry and Application Pediatricians should be capable of pursuing inquiry that advances the health of children, families, and communities.