

Children's Mercy Kansas City

SHARE @ Children's Mercy

Research Days

Physician Advocacy: Defining and Implementing Into Practice

Laura Kantor

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/researchdays>



Part of the [Community Health Commons](#), [Community Health and Preventive Medicine Commons](#), [Higher Education and Teaching Commons](#), [Medical Education Commons](#), and the [Other Medical Sciences Commons](#)

Research Abstract Title

Submitting/Presenting Author (must be a trainee): Laura Fromm Kantor
Primary Email Address: lfkantor@cmh.edu

Medical Student

Resident/Psychology Intern (≤ 1 month of dedicated research time)

Resident/Ph.D/post graduate (> 1 month of dedicated research time)

Fellow

Primary Mentor (one name only): Ky Stoltzfus

Other authors/contributors involved in project: Katie Twist, Sophia Hitchcock, Erin Ahart, Terrance Mabry, Tresza Hucheson

IRB Number: N/A

Describe role of Submitting/Presenting Trainee in this project (limit 150 words): Laura was part of a group of five fourth year medical students that collaborated on a research project to further characterize the way advocacy played a role in the practicing physician's career. She worked alongside her teammates to identify and interview local physicians and synthesize the data into a presentation for her peers and local physicians.

Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words

Background: Physicians are perceived by society to have a duty to both improve the health of their individual patients and the wellbeing of society as a whole. The perceived social and professional obligation of physicians to engage in advocacy work is often implied yet ill-defined with little formal training or official supports. Many physicians feel their training and practice environment do not support increased engagement in advocacy. In order to promote the idea that advocacy is an integral aspect of modern practice, it is necessary to further characterize its definition and scope.

Objectives/Goal: We aim to gain insight into the role advocacy plays in a physician's career through a series of interviews and identify the factors driving or limiting physician engagement in advocacy.

Methods/Design: We identified physicians involved in advocacy work in Kansas and Missouri through personal contacts and referrals through a snowball effect. They received an email invitation to participate in a short in-person or phone interview which was recorded on Voice Memos and with Google Dictation. Two team members independently identified themes from each interview, and a third member served as moderator if themes identified by were dyssynchronous.

Results: Of the 19 doctors asked to participate, 13 were interviewed. The most common reasons for engaging in advocacy included the desire to change policy, obligation to go beyond regular clinic duties, giving patients a voice, and avoiding burnout. These physicians hold positions in national specialty organizations, work with incarcerated populations, advocate for clean air and transportation needs and other diverse areas. Physicians reported passion for patients and past experiences with disparities as the most common inspiration. Most physicians did not have formal advocacy training in school or residency, but rather identified professional societies and peers as informal guides. Common supports for advocacy were professional organizations, community partners, and employers. Time was the most common barrier.

Conclusions: We identified motivations, barriers, supports and perceptions of advocacy among physicians. By exploring physician attitudes towards advocacy, this project provides further characterization of the role advocacy plays in their careers. The testimonies of the interviewed physicians may help to demonstrate the importance of including advocacy as a professional responsibility and provide a foundation that inspires other healthcare providers or students to engage in advocacy activities.