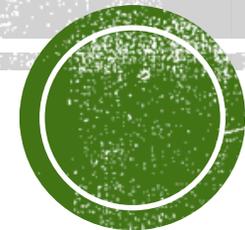


## TEACHING AND ASSESSING THE ADVOCATE ROLE

A study exploring practices and perspectives in Canadian  
physiotherapy programs

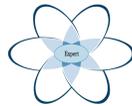


# THE BACKGROUND STORY...

## What is the advocate role?

Advocacy is an essential role for physiotherapy (PT) practice. Its importance will continue to grow as PT practice changes and develops, and as health systems and services are rationalised and reformed.<sup>1</sup>

The advocate role is included in the Essential Competency Profile and defined as « PTs using their knowledge and expertise to promote the health and well-being of individual communities, populations and the profession.<sup>2</sup>



## What is competency-based education?

The WHO has called for the adoption of competency-based education to ensure health professionals meet the needs of the populations they serve, at a defined level of proficiency.<sup>3</sup>

Competency-based education<sup>4</sup> requires PT programs to:

- ✓ Explicitly aim the development of the essential competencies throughout the curriculum
- ✓ Effectively assess students' progression
- ✓ Provide faculty development in teaching and assessing the essential competencies

## What do we know about teaching and assessing the advocate role?

In other fields, the advocate role is known to be complex to teach and assess. Identified barriers include a lack of understanding of what the role entails, a lack of time within the curriculum to address the role and a lack of relevant content and assessment parameters.<sup>5-6</sup>

Within PT, no explicit recommendations exist for teaching or assessing the advocate role. However, aptitudes to excel as a PT advocate have been identified, e.g., having good communication, collaborative and analytical skills and being passionate, humble and perseverant.<sup>7-8</sup>

Some educational activities appear to enhance the advocate role :

- 1) Interprofessional workshops expose students to the importance of understanding and promoting their scope of practice.<sup>9</sup>
- 2) Placements with marginalized populations challenge perceptions, nurture a sense solidarity and expose students to the importance of seeing the « the bigger picture ».<sup>10-11</sup>

# OUR PURPOSE AND METHODOLOGY

## What is the purpose of this study?

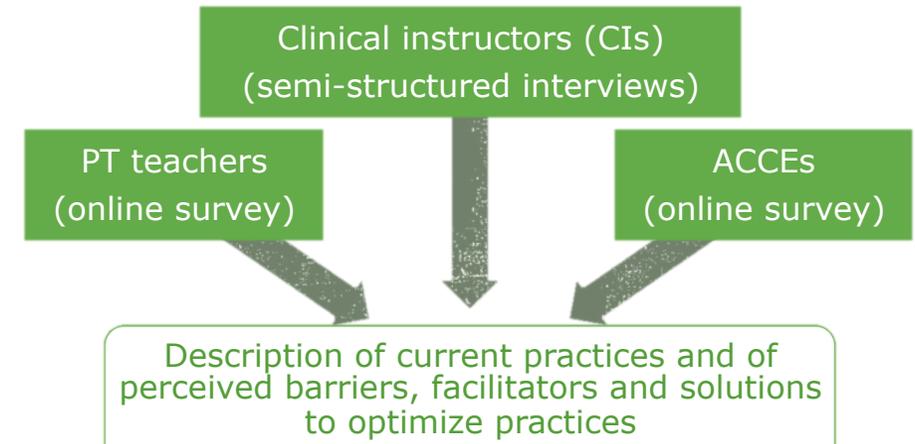
To describe current educational practices for the advocate role in Canadian PT programs (n=15) and to explore facilitators, barriers and solutions to optimize teaching and assessing the advocate role.

## Who and how did we recruit our participants?

Recruitment	Participants
Program Directors invited <b>PT teachers</b> responsible for a course including learning objectives around the advocate role to respond to the survey.	<b>21 teachers from 13 PT program</b> responded to the survey for one or multiple courses from their program.
<b>CI</b> s with a good understanding of the advocate role and with recent experience in mentoring students were recruited through a snowball invitation and a posting in the CPA's e-newsletter.	<b>8 CI</b> s with a wide range of experience, i.e., years of practice, practice settings, client populations, geographical and extra-clinical experience, were recruited for telephone interviews.
Academic coordinators of clinical education ( <b>ACCE</b> s) were invited by our research team to respond to the survey.	<b>11 ACCE</b> s responded to the survey.

## What method did we use?

A **mixed method approach** with 3 distinct data collections for the 3 main groups of educators working alongside PT students.



**Data collections tools** were adapted to the roles of each group and were constructed to collect information on:

- ✓ Which competencies are taught and assessed?
- ✓ What teaching and assessment strategies are used?
- ✓ What factors influence teaching and assessment of advocacy?
- ✓ What solutions are proposed by educators to optimize practices?

**Descriptive analysis** were performed on the surveys' closed-ended questions.

A six-step **thematic analysis** was performed on the surveys' open-ended questions and on the interviews' transcribed verbatim. Emerging themes were returned to participants for validation.

# RESULTS : COMPETENCIES AND TEACHING AND ASSESSMENT FORMATS

## Within the academic setting (courses) : results from 21 teacher surveys describing 13 PT programs

ECP advocacy-related competencies (exemples)	Covered in ≥ 1 course per program	Assessed in ≥ 1 course per program
1a: Collaborates to promote the needs and concerns of <u>clients</u> .	92,31%	76,92%
1b: Collaborates to promote ... of <u>client populations</u> .	84,62%	53,85%
2: Speaks out on health issues identified by clients and empowers clients to speak on their own behalf.	61,54%	61,54%

Competencies are not systematically covered in all programs

Competencies are less frequently assessed than they are taught.

Teaching strategies (exemples)	
Lectures	100,00%
Case studies	84,62%
Simulations	76,92%
Community projects	46,15%
Patient testimonies	46,15%
Assessment strategies (exemples)	
Essay	69,23%
Exam	61,54%
Observation of patient encounters	30,77%
Portfolio	30,77%
Standardized tool	0,00%

Various teaching and assessment formats are used.  
  
Formats with patients interactions are less frequently used.

## Within the placement setting (clinical placements): results from 8 CI interviews

### Teaching strategies used by CIs during placements

1. observing CIs' daily activities
2. pointing out opportunities to advocate
3. discussing the importance of advocacy
4. prompting students to see the bigger picture
5. building foundational skills (e.g., communication skills)
6. teaching students about available resources for their patients

### Criteria used by CIs to assess their students' performance

- a) basing themselves on their gut feeling
- b) seeing the following elements in their students :
  1. understanding what advocacy entails
  2. identifying opportunities to advocate
  3. demonstrating a willingness to act
  4. taking action (e.g., making a phone call)

# RESULTS : BARRIERS, FACILITATORS AND SOLUTIONS TO OPTIMIZE PRACTICES

The following themes emerged as influencing teaching and assessment of the advocate role

### Factors related to teachers, CIs, ACCEs and students

**Teachers** have difficulty in authentically teaching and assessing advocacy in a classroom setting.

**CIs** are unsure about what to expose their students to during a placement and consider the placement assessment criteria to be unattainable for students.

**ACCEs'** ability to determine if a student has had sufficient exposure to advocacy during their clinical placement depends on the CIs ability to assess their student.

**Students** lacking life experience may have difficulty in understanding the role and the influence of health determinants on their patients' health. Other students may be uninterested in learning about advocacy.

### PT program related factors

Facilitators include faculty support, a collaborative work environment and the presence of a faculty member with relevant advocacy experience.

Barriers include the curricular focus on the expert role at the expense of other roles and a content-heavy curriculum.

Advocacy tends to be lower on the priority list, oftentimes only seen theoretically at the beginning of the program and/or during placements.

### Placement related factors

Practicing advocacy may be difficult as some placements are more or less conducive to advocacy, as students are not familiar with available resources and because it is difficult for students to learn about advocacy when learning how to assess and treat patients (focus on expert role).

### Unclear role

Being vague, its interpretation is variable which influences how (and if) teachers and CIs address advocacy with their students.

The following themes emerged as solutions to optimize educational practices

**Cover the role before and after clinical placements** : integrate advocacy-related reflections throughout the curriculum, add an objective in each course and include advocacy in final examinations.

Teach advocacy by focusing on **practical knowledge and skills**.

**Normalize advocacy** as a PT domain by emphasizing its importance and encouraging students to get involved.

### Support teachers and CIs

1. Clarify the role with examples.
2. Recommend relevant advocacy content and authentic teaching and assessment strategies.
3. Facilitate networking and resource sharing.
4. Clarify placement learning and assessment criteria.
5. Offer continuing education to educators to enhance teaching and assessment skills.

# DISCUSSION AND CONCLUSION

Some gaps in terms of teaching and assessing advocacy in Canadian PT programs were identified in our study

## **Advocacy-related competencies are largely covered in PT programs, but...**

- A lack of resources was noted by teachers to address the role authentically.
- A difficulty in objectively assessing the role was noted by teachers.
- Due to the content-heavy curriculum, the advocate role is oftentimes only seen in clinical placements.

## **Practicing advocacy during clinical placements may be difficult since...**

- Opportunities to practice advocacy vary (especially population, community or professional advocacy).
- CIs express not knowing what to expose their students to in terms of advocacy.
- CIs have difficulty in assessing the role due to unachievable assessment criteria.

## Recommendations based on our results and the literature

### **Solutions to optimize practices were brought forth by participants which echo findings from other studies**

- ✓ Focusing on a cross-curricular approach to teach advocacy-related competencies.<sup>3-4</sup>
- ✓ Focusing on building practical advocacy-related knowledge and skills.<sup>8-11</sup>

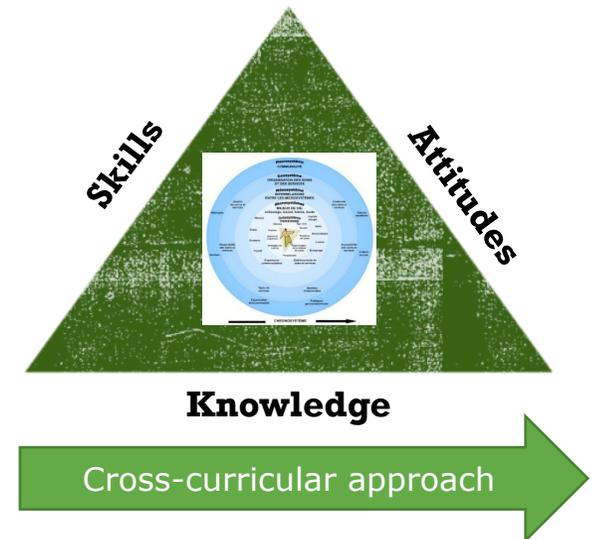
### **Solutions addressing *attitudes* differed from other studies**

- ✓ Our participants suggested normalizing the role by emphasizing its importance.
- ✓ Other studies suggested that exposing students to marginalized populations can challenge perceptions, nurture a sense solidarity and expose students to the importance of the the bigger picture.<sup>10-11</sup>

### **Our participants called for a clarification of the role with examples...**

We propose to take this a step further by expanding the definition of advocacy in terms of the 3 components of a competency, i.e., knowledge, attitudes and skills.<sup>12</sup>

By identifying the knowledge, attitudes and skills required to be a PT advocate, we could then plan how to build on them concretely throughout the curriculum and identify relevant and authentic teaching and assessment strategies to enhance competency development in our students.



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