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Translating Ideals Into Practice: A Pragmatic Approach to Advocacy for Medical Trainees

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To the Editor: Medical trainees face barriers to engaging in advocacy, including time constraints, challenges to obtaining institutional support, and concern that advocacy will be perceived as unprofessional or less valuable than other scholarly endeavours. Using the Resident Interest Group in Social Advocacy (RIGSA) in the internal medicine program at the University of Toronto as an example, there are 3 actionable ways medical trainees can be empowered as agents of change:

(1) Create a collaborative space for advocacy: The creation of a formal advocacy group with institutional support in training programs reduces barriers for trainees to become involved in advocacy work. RIGSA was created by a resident in the internal medicine program after identifying a lack of a shared space for trainees interested in advocacy. With 3 faculty champions, including the program director, the group was formally adopted with over 20 residents who collaborate on projects. These faculty champions have identified advocacy as essential to – rather than contrary to – the concept of professionalism.

(2) Enact near-peer teaching of practical skills for allyship: There is a gap between knowing the theory of anti-oppression and having the skillset to implement it in practice, particularly within the context of power dynamics in medicine. Although oppression is a systemic problem warranting systems-level interventions, it is also empowering for medical learners to have formal training for disrupting discrimination in clinical contexts. RIGSA has delivered academic half-day workshops with a didactic component addressing the systemic, intersectional nature of oppression followed by an interactive small group component for trainees to practice principles of allyship. It is particularly important that trained workshop facilitators have lived experience (i.e., are Black, Indigenous, or people of color in workshops addressing racism) and are near-peers who
understand the power dynamics at play. At the University of Toronto, faculty members also participated in allyship workshops to foster cultural change.

(3) *Find clinical opportunities to work with marginalized populations:* Social medicine elective opportunities are a direct way for trainees to understand the interplay between structural disadvantage and health. It is critical that faculty with longstanding relationships with community organizations are involved in these endeavours to properly serve the local communities of institutions. Learning objectives should be developed with community organizations. RIGSA is in the process of developing a social medicine elective.

Collectively, these strategies illustrate how medical trainees and faculty can collaborate to translate ideals of advocacy into practice.