

2nd



AFREhealth
African Forum For Research and Education in Health

SYMPOSIUM

TOWARDS ACHIEVING UNIVERSAL
HEALTH COVERAGE IN AFRICA- CREATING
SYNERGIES AND CAPACITY THROUGH
EDUCATION, RESEARCH AND QUALITY
HEALTH SERVICES.

2018

Evaluation Of Medical Student's Perspectives And Self-reported Competencies Regarding Health Advocacy

Harsha Somaroo
Public Health Medicine Specialist/ Lecturer
Department of Community Health (Public Health Medicine)

Public Health Research and Training for Transformation

WITS School of
Public Health

Overview

Background

- HPCSA Core Competency

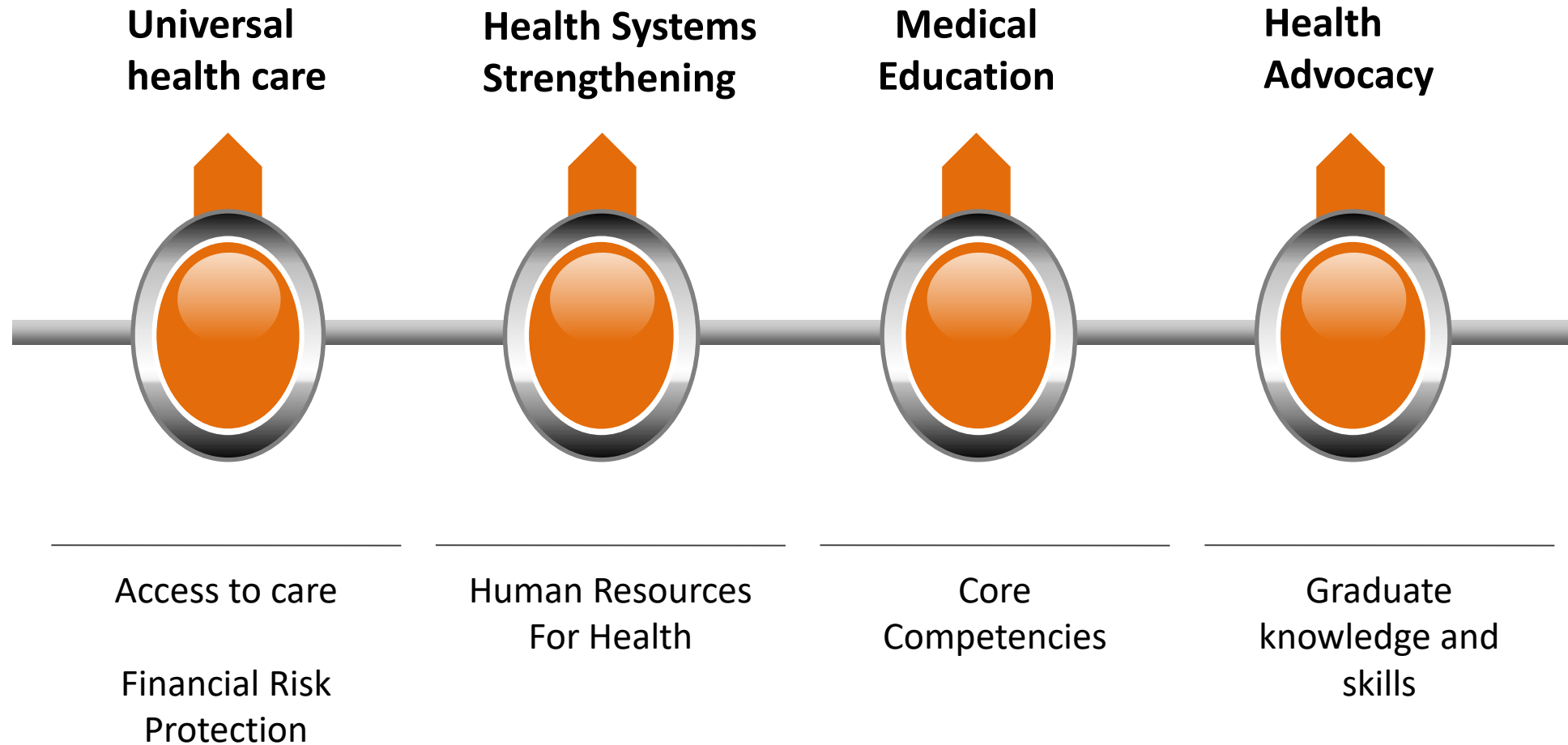
Methods

Results

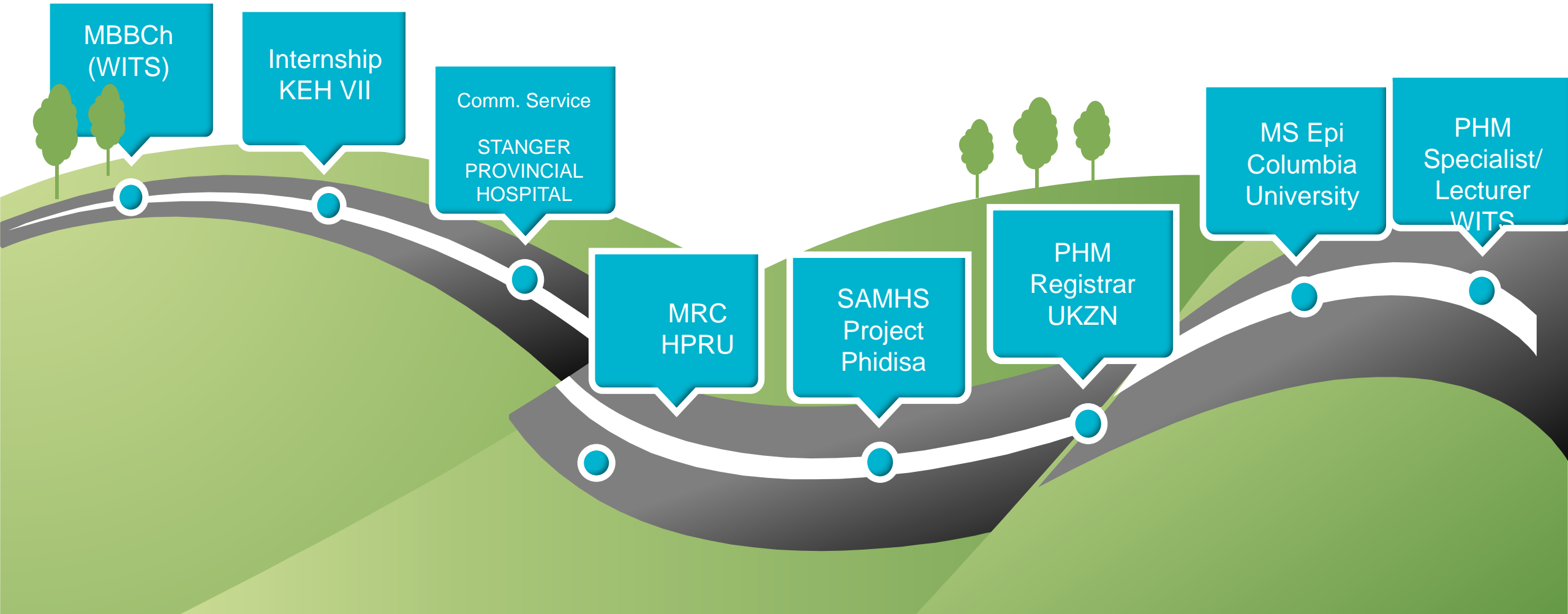
- Socio-Demographic
- Knowledge and Training
- Self-reported competencies
- Attitudes

Conclusion

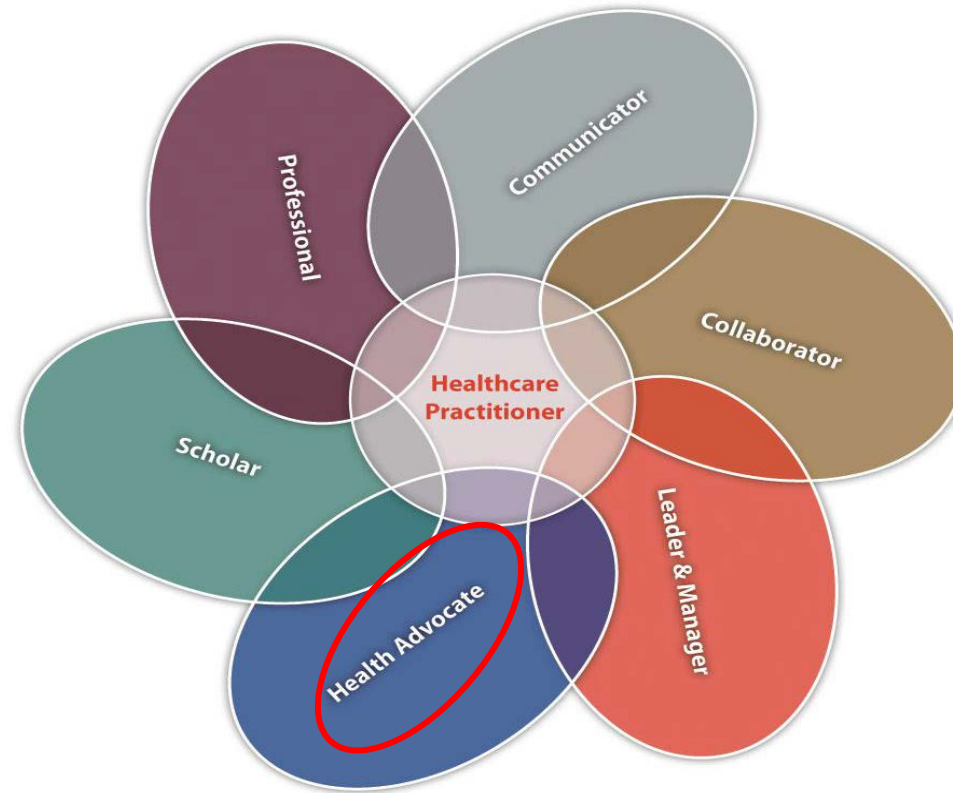
Background



My Milestones



HPCSA- Core competencies for undergraduate students



5 ROLE: HEALTH ADVOCATE

As health advocates, healthcare professionals responsibly use their expertise and influence to advance the health and well-being of individuals, communities and populations.



Respond to individual patient's health needs

Identify health needs, considering culture

Identify opportunities for health promotion and disease prevention

Advocate for patients/ groups with particular needs

Respond to community health needs

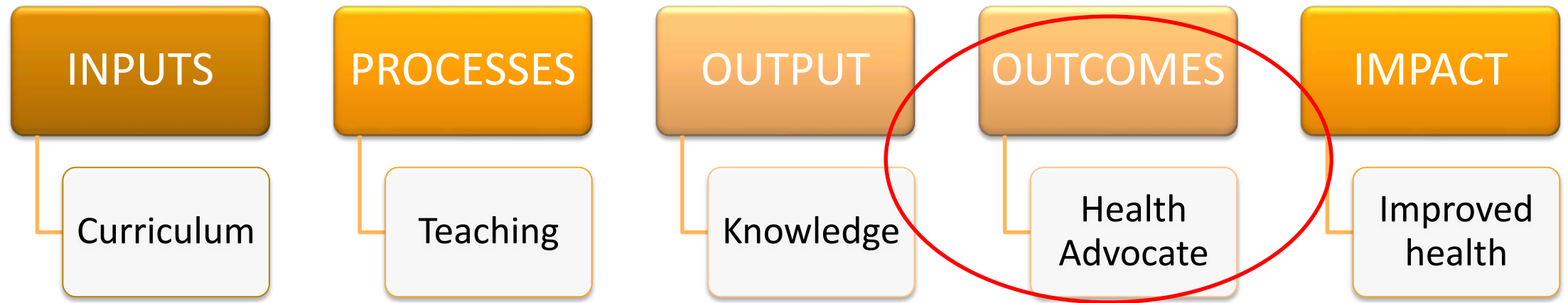
Understand communities they serve, including local health system

Identify and respond to vulnerable communities, committing to equity

Identify opportunities for health promotion and disease prevention, considering environment and lifestyle

Communicate effectively with communities

Objective



Examine student's perspectives and self-reported competencies regarding health advocacy

Methods

Observational,
descriptive,
cross-sectional
study

Final year medical
students
completed self-
administered,
questionnaires

Data collected
on:

- socio-demographic information
- knowledge and attitudes, related to health advocacy
- self-reported competencies, related to health advocacy

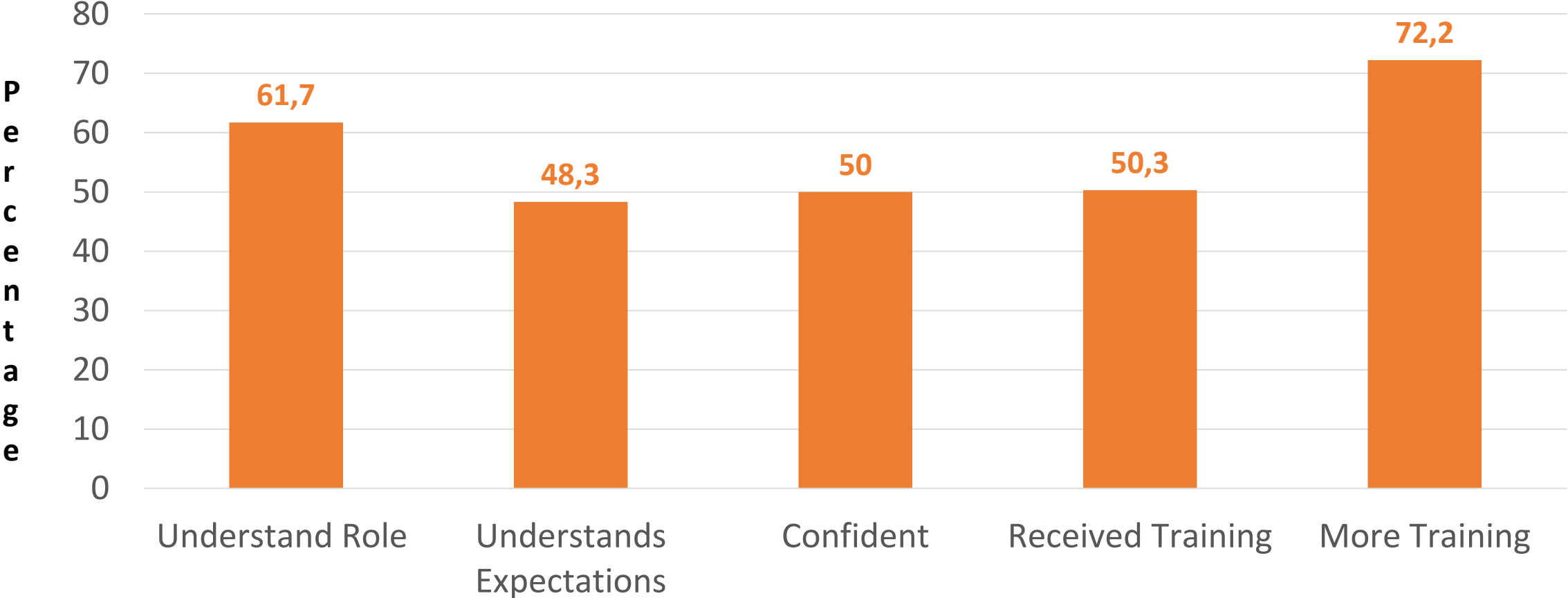
Quantitative
data analyses
was performed
using SAS
software
(Version 9.3).

Qualitative data
analysed using
thematic
content analysis

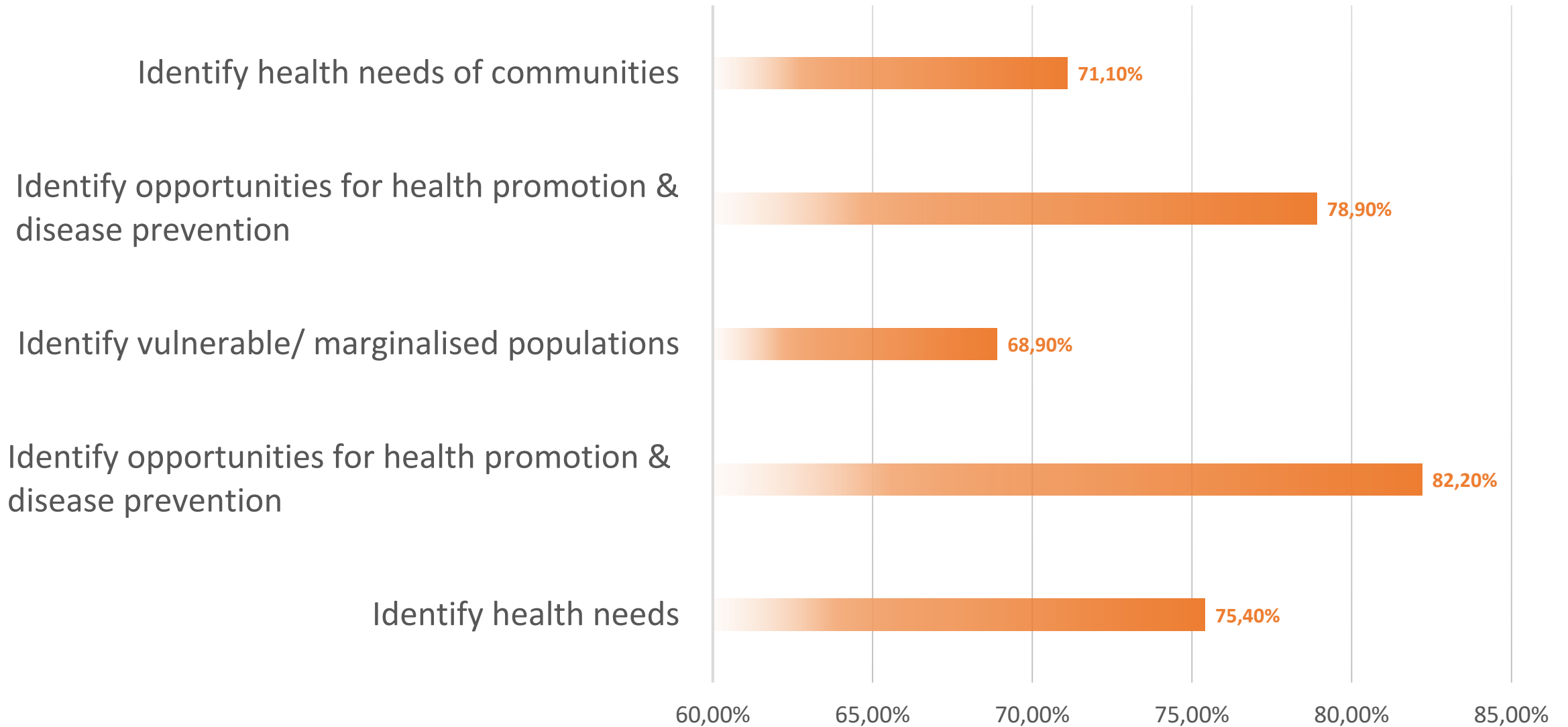
Socio-Demographic Characteristics

		n	%
Sex	Female	123	68.3%
	Male	57	31,7%
Home town	Urban	164	90,6%
	Rural	17	9,4%
School category	Private	101	56,1%
	Public	79	43,9%
Entry point into WITS Medical School	MBBCh	124	68.5%
	GEMP	57	31,5%
Funding	Self	124	68,5%
	Bursary	40	22,1%
	Loan	17	9,4%

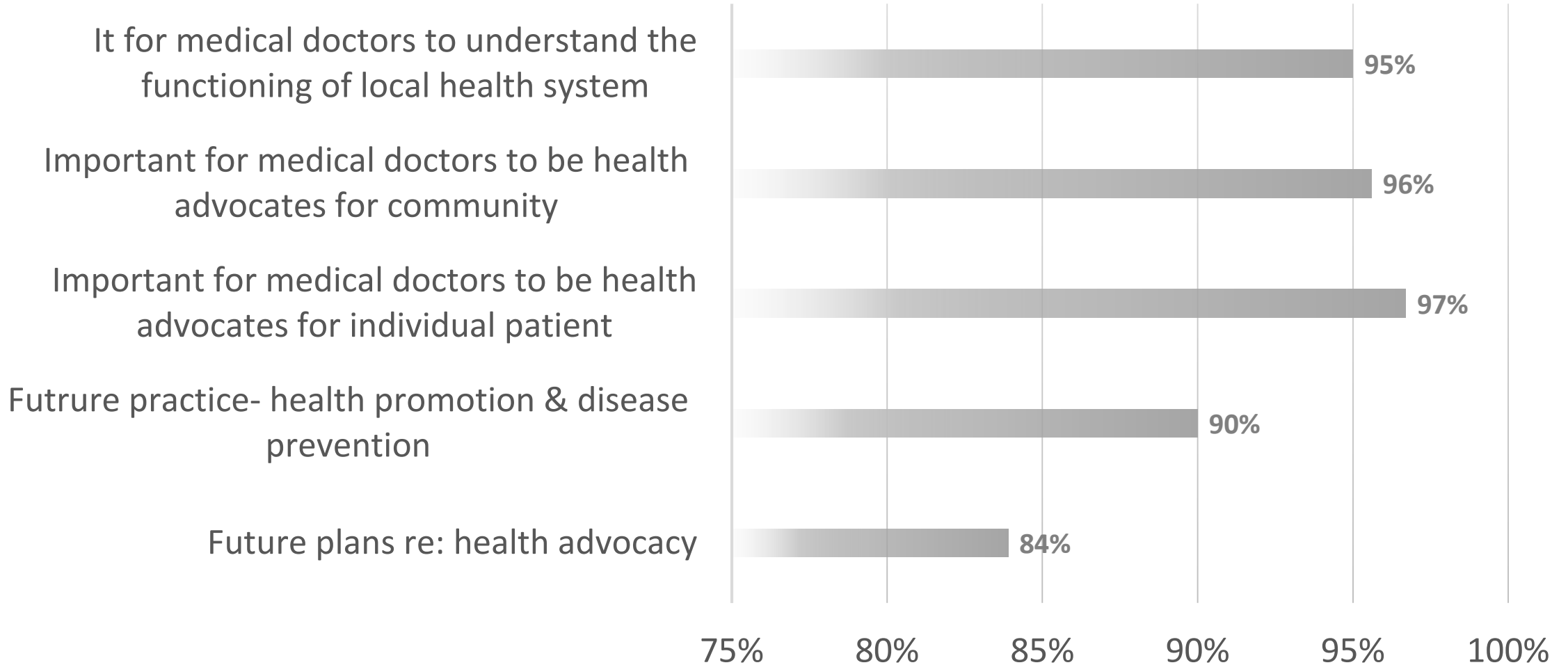
Knowledge and Training



Self-reported competencies



Attitudes




Perceptions




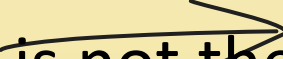


Insert your
text here...

“Utilising your education and position in society to highlight discrepancies and help communities/ individuals on them”



“It is not their primary role bit it does form part of what their duty is”



“A medical doctor is the primary seat of health advocacy because they form the critical link between the health profession and the public.”

Conclusion



Students have a favourable attitude towards health advocacy

Majority feel competent, though less are confident to act as health advocates

Review of pedagogy

- Innovative
- Pragmatic
- Contextual

Acknowledgements

Prof Shan Naidoo- Head of Department, Community Health, WITS School of Public Health

Prof Lionel Green-Thompson- Assistant Dean, WITS Medical School

Cees Van Der Vleuten- Maastricht University

Dr Mary Kawonga- Senior Lecturer, Community Health, WITS School of Public Health

Thank you

“We each have a role to play in the realm of “advocacy”. Advocacy should not scare or daunt health care workers: it is likely that many are practicing these principles on a daily basis without even realising it.”

Dr Jenny Nash

Rural Doctor of the Year, 2014