

## **AAP Pediatric Advocacy Training Curriculum:**

### **Module #2 – Working in Partnerships**

#### **Trainer Guide**

**Overview/Schedule:** This module is designed to take 45 minutes. Options for additional and follow-up activities are included. A general break down of the time is as follows:

- Welcome, Introductions, and Case Study:
  - Welcome and Why We're Here (5 minutes)
  - Case Study (5 minutes)
- Core Concept (15 minutes)
- Practice (15 minutes)
- Closing, Evaluation, and Opportunities (5 minutes)

**Educational Objectives:** This module is about working in partnerships. For the purpose of this training module, partnerships are defined as working with individuals, as well as groups, alliances, or coalitions to accomplish an advocacy goal. This module will help pediatric residents understand the benefits of working in partnerships and how to identify other people, organizations, or institutions that are working on similar issues. The intent of the module is:

- To help pediatric residents identify common allies and unlikely partners.
- To explore the potential roles pediatric residents can play within these partnerships and how partnerships can help them achieve their advocacy goals.
- To increase pediatric residents advocacy-related confidence and comfort level in working in partnerships.
- To demonstrate that working in partnerships to accomplish an advocacy goal is doable and can fit within the demands of a pediatric resident's busy schedule.

**Materials and Equipment:** For this module, you will need the following handouts, materials, and equipment:

Handouts:

- Copies of the evaluation for each pediatric resident participating in the module.
- Copies of the Opportunities Worksheet. The Opportunities Worksheet contains a list of advocacy activities that relate to the module's topic and can be performed by pediatric residents following the module as their interest and time allows.
- Copies of the Bull's Eye worksheet.
- Quick Reference Cards that contain instructions for looking up chapter contact information and links to additional resources.

Equipment:

- Flip chart or white board
- Markers/Dry erase markers for flip chart/white board
- If using PowerPoint:
  - PowerPoint projector
  - Screen or white wall for viewing PowerPoint
  - Copy of PowerPoint with trainer notes on computer or zip drive.
  - Consider inviting a representative or staff from the AAP chapter to help present this module in order to help reinforce the resources and benefits of working in partnership.
- If using the book, "Swimmy" (*Knopf Children's Paperbacks* by Leo Lionni (author) in place of PowerPoint: at least one copy of the book.
- Tower Building exercise requires four pieces of poster board, five paper plates, six drinking straws, a pair of scissors, and a roll of masking tape per group)

**Room Set-up and Environment:** You are encouraged to use the room set-up to promote participation and provide a safe learning environment for pediatric residents. Consider:

- Setting up tables in a "u-shaped" formation to encourage sharing.
- Greeting residents as they enter the room and providing refreshments.
- Playing upbeat music as residents are coming in to the room.

## **Working in Partnerships: Welcome, Introductions, and Case Study**

---

### **Trainer Note:**

- *The Welcome, Introductions, and Case Study section is designed to give you the opportunity to welcome pediatric residents and quickly highlight the topic and skills that will be covered within the module. It also includes a “case study” or story from an actual pediatric resident that illustrates the role a pediatric resident can play in relation to the module’s advocacy topic. The purpose of the case study is to provide a familiar and comfortable format for introducing the module’s topic in a way that pediatric residents can relate to.*
- *The Welcome, Introduction, and Case Study section is designed to take about ten minutes total. The Welcome and Why We’re Here sections should take roughly five minutes total and the Case Study section taking another five minutes.*

### **Welcome**

---

- Welcome everyone.
- Acknowledge that pediatric residents have a lot going on in their lives right now and thank them in advance for being here today.
- Briefly introduce yourself. Some things to consider sharing include:
  - Your experience with advocacy work.
  - Why you got into your career path.
  - How you’ve personally seen advocacy improve the health and wellbeing of children and/or the profession of pediatrics.
  - A personal quotation that relates to the training module topic.
- Mention that there is a lot of wisdom and experience in the room. Encourage pediatric residents to share and participate throughout the training module.

## Why We're Here

---

### **Trainer Note:**

*The Why We're Here section is meant to be included in each module. The intentional repetition is designed to help underscore the key training principles for the pediatric residency training program—that advocacy is important and doable, that pediatric residents are uniquely positioned to be powerful advocates, and that advocacy is not much different from the work pediatric residents are already doing.*

Briefly share why advocacy is an important part of being a pediatrician. Some talking points include:

- Advocacy means speaking out on your patients' behalf. Advocacy assumes that there is a problem that needs to be changed and it is a way to drive, or effect that change. At its core, advocacy is about speaking out on behalf of children's health and well-being, whether it is for one child or for systematic solutions that benefit many children.
- Pediatric residents work with others everyday. The same skills you use when working with patients, hospital administrators, or insurance companies can be applied when working in advocacy partnerships. Through working together we can accomplish more than we can alone.
- Pediatricians can play a powerful role in creating lasting and meaningful change for the patients they serve. We're here today to continue that tradition—Isaac Abt, MD, the first AAP President, said: *"It should be our aim to discover neglected problems and, so far as in our power, to correct evils and introduce reform."*

## Case Study

---

- Focus of today's module is on working in partnerships.
- Purpose of today's module is to help understand how working in partnerships can advance the children's health issues that you care about, explore the potential roles you can play within these partnerships, and identify common allies and unlikely partners to work with.
- Share a case study that illustrates how other pediatric residents have worked in partnership to advance a children's health issue that they cared about.

During my second year of residency, smoke-free workplace legislation was emerging as an important issue in Philadelphia and I grew very interested in supporting this effort. With some prior experience in grassroots policy work and enjoyment from writing letters, I started to engage in this process. I obviously knew the public health benefits of reducing exposure to secondhand smoke, but an encounter with a patient in the emergency department really solidified my resolve: a 12-year-old girl with asthma developed a severe flare-up because she was exposed to smoke in a restaurant. This story, among others, became a powerful tool in advancing this work.

I began by writing letters-to-the-editor in support of the legislation in the local newspapers as well as to the mayor and council members. I was connected to the lead organizer for the local Breathe Free Coalition office and we began to collaborate. In particular, we worked on ways to engage physicians to speak out in support of smoke-free workplace legislation.

My professional network was a starting place and I talked to co-residents and attendings at the hospital where I was in training. Together, we wrote letters and contacted elected officials supporting the legislation. Working with the Breathe Free Coalition and other advocacy groups in the city, we wrote and distributed letters to be signed at grand rounds held in several hospitals across the city. I also sought out the specific support of doctors working on asthma and other pulmonary issues, as well as the leadership of hospitals and insurance companies.

In the process, I learned that working with partners is critically important to success. When it comes to a health-related topic, the credibility that physicians bring is often more meaningful than we realize -- and that it really does not take huge amounts of time to have your voice heard. It didn't happen overnight, but ultimately the voices of many people in our city were heard and comprehensive smoke-free legislation was passed and signed by the mayor. All of us now benefit from cleaner air -- including young patients like the girl I met in the ED years ago.

Evan Fieldston, M.D.

- Following the case study, ask pediatric residents for their reactions, including what they liked about it and what surprised them about it.
- If time allows, ask if anyone has a story of their own that they would like to share about how they worked in a partnership to accomplish something that they cared about.
- Note that the case study (and the stories shared by pediatric residents if applicable) illustrates that:
  - One pediatric resident can make a difference, but that by working in partnership, we can leverage other people's or group's strengths and become even more influential.

- Working with the coalition made it easier to write and distribute sign-on letters throughout the city.
  - Other people and groups don't differentiate between pediatricians and pediatric residents. Pediatric residents are powerful advocates and can affect positive change because they are credible and well-respected in the community, have powerful stories to tell, and have science on their side. Many groups are happy and excited to have pediatric residents involved in their efforts.
  - Advocacy can fit into the busy schedule and competing demands of pediatric residents. Getting others involved can be as simple as having a conversation with your colleagues. Many advocacy activities—such as those highlighted in the case study—can be completed within five to thirty minutes.
- Ask pediatric residents what issues they see in their work that they'd like to change. Write these issues on a white board or flip chart. (Some examples could include mental health care, smoking laws, low-income housing, and nutritious lunches in the schools).

## **Working in Partnerships: Core Concept**

---

### **Trainer Note:**

- *The Core Concept section of the Working in Partnerships module emphasizes the “how to” or the basic tips and information pediatric residents need to keep in mind in relationship to the module’s topic. The purpose of this section is to emphasize how the skills used in this concept relate to the skills pediatric residents use in their work everyday.*
- *This section includes two options for presenting the core concept:*
  - *A brief PowerPoint accompanied by guided group brainstorms and prompting questions that you can use to present the skills and encourage pediatric residents to share their experiences and input.*
  - *An alternate activity that includes a different medium for presenting the core concept.*

*The two options are designed to help you build flexibility into the pediatric residency advocacy training program curriculum. It allows you to pick and choose which teaching medium to use based on your time, resources, and the current needs and make-up of the pediatric resident participants.*

*Consider inviting a representative or staff from the AAP chapter to help present this module in order to help reinforce the resources and benefits of working in partnership.*

- *The Core Concept section is designed to take about 15 minutes.*

### **Option #1: PowerPoint and Guided Questions**

---

- Point out that the issues that were just shared affect many different people and groups and that many people—in addition to pediatric residents—care about these issues.
- Some of the people or groups who support these issues are common allies to pediatric residents or “usual suspects.”
- Choose one of the examples that were shared. Ask the group to identify the usual suspects who would likely care about this issue. Common examples include children’s advocacy organizations, children, parents, teachers, school administrators, environmental groups, other health care professionals, and social workers.

- Note that issues affect various groups differently and that sometimes an issue will also attract the support of unlikely partners. Refer back to the example and ask the group to identify unlikely partners for this issue. Some examples could include the law enforcement community, people concerned with economic development, or people within the business community.
- Note that the PowerPoint you are about to walk through focuses on how to reach out to both likely and unlikely partners.
- Show PowerPoint. As you are presenting the PowerPoint, pay special attention to the notes section. The PowerPoint notes section includes key points and prompting questions to include in your presentation.
- Following the PowerPoint, ask the pediatric residents if they have questions. Spend a few minutes answering their questions.
- Mention that the AAP chapter is an excellent place to find out about existing partnerships around children’s health and well-being. Encourage pediatric residents to contact their AAP chapter to find out about partnership efforts and resources around issues they care about.

## **Option #2: Book: “Swimmy” by Leo Lionni**

---

### **Trainer Note:**

*The book “Swimmy”(Knopf Children’s Paperbacks by Leo Lionni (author) is a children’s book. It was included as an option for this module because it provides a fun and unintimidating way to talk about partnerships and helps connect advocacy to the pediatric resident’s focus on children.*

- Point out that the issues that were just shared affect many different people and groups and that many people—in addition to pediatric residents—care about these issues.
- Some of the people or groups who support these issues are common allies to pediatric residents or “usual suspects.”
- Choose one of the examples that were shared. Ask the group to identify the usual suspects who would likely care about this issue. Common examples include children’s advocacy organizations, children, parents, teachers, school administrators, environmental groups, other health care professionals, and social workers.
- Note that issues affect various groups differently and that sometimes an issue will also attract the support of unlikely partners. Refer back to the example and ask the

- Note that the book you are about to read demonstrates the power that working in partnerships—whether it is common allies or unlikely partners—can bring to your cause or issue.
- Read the book aloud to the pediatric residents. Alternatively, you could ask one of the pediatric residents to volunteer to read it or pass the book around the room and let each pediatric resident read a page.
- Once the book is finished, ask pediatric residents the following questions:
  - What issue did Swimmy care about? (Note that we each have self interests that compel us to get involved in an issue we care about. Mention that what drives one person to get involved may be different from what motivates another. Finding out other’s self-interests is an important first step to building partnerships.)
  - What did Swimmy do to help advance his issue? (Mention that Swimmy was both pro-active as well as reactive at first. State that this is common – we might not have all the resources or answers we need at first and may need some time to think about what to do and who can help us.)
  - Did the other fish want to help Swimmy at first? What obstacles did they express were keeping them from helping right away? (Look for fear, hopelessness, and uneasiness. Mention that these are real obstacles that keep many people from getting involved.)
  - How did Swimmy eventually get the other fish to help him? (Look for responses such as: He asked them, he appealed to their self-interest, he acknowledged their fears and hesitations yet gave them reason to be hopeful and provided them help to getting started. Mention that pediatric residents can use these same skills as they approach other individuals and groups to get involved in an issue they care about. Also mention that another helpful tool is taking a few minutes to jot down what you will say when you approach potential partners – including what’s happening with your issue, what’s at risk, what can happen with their support, and what specifically they can do to help. This can be as simple as a handwritten note or a typed one pager.)
  - Ask who Swimmy’s opposition was (big tuna fish). Mention that when working on issues as important as children’s health and well-being it can be hard to imagine why others wouldn’t support your issue, much less oppose it. However, your issue will almost always be competing with other groups over resources and funding or reflect a different point of view. Building strength in numbers

- Mention that the other little fish that Swimmy approached were interested in the issue because they shared a similar story or concern as Swimmy did—that makes these fish common allies or usual suspects. Ask pediatric residents to use their imagination to come up with some unlikely partners for Swimmy. Remind residents that there are no right or wrong answers—you never know who is on your side unless you ask them. Also mention that using their imagination or thinking outside the box is a good tool to use when identify potential partners for advocacy efforts.
- Summarize the discussion by noting that we all have different strengths and resources at our disposal, and just like Swimmy, we can use them to get more people or groups involved and build power in numbers.
- As time allows, ask the pediatric residents if they have questions or would like to share additional reactions to Swimmy’s story. Alternatively, you could also ask the group if they have additional examples of how one person or group accomplished something significant by working with others and getting more people involved.
- Mention that the AAP chapter is an excellent place to find out about existing partnerships around children’s health and well-being. Encourage pediatric residents to contact their AAP chapter to find out about partnership efforts and resources around issues they care about.

**Trainer Note:**

- *If your training budget allows, consider giving a copy of Swimmy to each pediatric resident to take with them. (The book Swimmy is available at bookstores and online for around \$6.99)*

## Working in Partnerships: Practice

---

### **Trainer Note:**

- *The Practice section of the Working in Partnerships module allows pediatric residents to practice what they have just learned and increase their comfort level with the advocacy topic in a safe, fun, interactive, and open environment.*
- *For the Working in Partnerships module, the practice centers on a tower building exercise and is designed to take about 15 minutes. A general breakdown of the timing for the tower building exercise is as follows:*
  - *Set-up: Dividing groups and explaining instructions (two minutes)*
  - *Tower building (8 minutes total)*
    - *One minute of silent planning.*
    - *Seven minutes to build tower.*
  - *Debrief (five minutes)*

### **Tower Building Exercise**

---

- Start by dividing the group of pediatric residents into small teams of four to five residents each.
- Explain that each team will get the following resources: four pieces of poster board, five paper plates, six drinking straws, a pair of scissors, and a roll of masking tape.
- Let groups know that their assignment is to build a tower out of the materials that is at least four feet tall, is self-supporting, and can withstand a light breeze.
- Tell groups that they will have eight minutes to build their tower, however during this time they are not allowed to verbally communicate with one another. Also, tell the groups that they can not begin building the tower until a full minute has passed. While they can not begin to build the tower during the first minute, they can use the minute to examine their materials and create a plan.
- Ask the groups if they have any quick questions before they get started. Once questions are answered, begin the eight minutes tower construction time. Keep track of the time and let pediatric residents know when their one minute is up and they can begin building the tower. Remind them that they can not verbally communicate with each other throughout the duration of tower building exercise.
- After the eight minutes is up, quickly test each group's tower to make sure it is at least four feet tall, is free standing, and can withhold a light breeze.

### Tower Exercise Debrief:

- Ask the groups to briefly share what happened within their group. Probe for things such as the different roles members of the group played, how they managed to communicate with each other, and how they integrated their different teammates ideas into the tower.
- Ask the groups why they think you made them wait one minute before starting to build the tower. Let them know the minute was intended for planning purposes and to examine the resources they had to work with. Ask the groups what they did in that minute. Also, ask them how that minute affected the way they built their tower or worked with one another.
- Ask the group what was hard about working in teams to build the tower. (Look for responses such as communication was challenging because we couldn't talk, different group members had different ideas or visions about what the tower should look like or how to go about building it, and limited resources and time to build the tower.)
- Point out that these same things are true when working in partnerships – we may have limited time to spend in meetings and planning sessions, may not be able to communicate personally with each other and will need to do it over e-mail or phone, and different people may have different goals or different things that are driving them to get involved.
- Ask the group what made working in teams to build the tower successful? (Look for responses just as it was fun and had more energy than building it alone, there were different skill sets, talents, and view points to draw from, we were able to get more done with other people helping us.)
- Again, point out that these same strengths are true when working in partnerships. Mention that although working in partnerships can at times be frustrating, it is worth it in the end because the more people means more influence on behalf of the issues we care about.
- As time allows, ask pediatric residents what they will take with them from this exercise as they begin to work with different individuals and groups on their advocacy efforts.

## **Working in Partnerships: Closing, Evaluation, and Opportunities**

---

### **Trainer Note:**

- *The purpose of the closing, evaluation, and opportunities section is to provide closure on the module's topic, identify action steps that pediatric residents can do next as a result of attending this training module, and gives pediatric residents a chance to evaluate the session.*
- *The closing and evaluation section is designed to take about five minutes.*

### **Closing**

---

- Thank pediatric residents for participating in the training module.
- Emphasize that advocacy doesn't have to be hard or take a lot of their time. It's really about using their voice to speak on their patients' behalf.
- Don't get frustrated if you don't see immediate results. Change takes time. Know that your actions make a difference, celebrate the small steps, and stay persistent.
- Remind them that by working with others, they can often times accomplish more and build more influence on behalf of the issues that are important to them.
- Let pediatric residents know their voice is needed when working with others. Pediatric residents can provide information and expertise in the area of children's health and well-being, and also help put a human face on children's health issues. Remind the residents that people outside of the hospital walls do not differentiate between pediatric residents and pediatricians and that many groups will be happy to have a pediatric resident involved.

### **Evaluation**

---

- Invite any final questions or observations from the group.
- Optional: If time allows, go around the room and ask each pediatric resident to share one thing that they learned today about how they can build partnerships on behalf of the issues they care about or one thing they will do to build partnerships on behalf children's health issue in the future.
- Pass out an evaluation form to each pediatric resident and ask them to fill it out and turn it in.

## Opportunities

---

- While pediatric residents are completing their evaluations, hand out the Opportunities Worksheet that contains a list of activities that residents can do over the next month to deepen their understanding of the skills highlighted in today's module.
- Tell pediatric residents that these opportunities were designed with their busy schedule in mind and many of them can be in as little as five minutes.
- Consider offering an incentive or prize to residents who complete opportunities listed on the sheet. One idea is to ask residents to e-mail the opportunities they completed to you and allow a couple minutes at the beginning of the next module to recognize residents' efforts and give them a round of applause.
- Also, hand out Quick Reference Cards with links to accompanying information and materials related to this module. Encourage pediatric residents to put this card in their pocket or wallet and access the link when they have time.
- Thank pediatric residents one last time for their time and participation at today's module.