

# Clinician's Commentary on Bessette et al.<sup>1</sup>

The article by Jennifer Bessette, Méli­ssa Généreux, Alik­i Thomas, and Chantal Camden explored the current practices for teaching and assessing advocacy in Canadian physiotherapy (PT) programs.<sup>1</sup> It determined some of the barriers to teaching and assessment and provided solutions to enhance educational practices. The authors confirmed that advocacy was an essential component of physiotherapy practice and that, therefore, universities should be expected to teach and assess advocacy-related competencies in their curriculum.

“Physiotherapy ... advocacy is defined as responsibly using physiotherapy knowledge and expertise to promote the health and well-being of individual patients, communities, populations, and the profession.”<sup>2(p. 2)</sup> Bessette and colleagues determined that competent PT advocates could use their knowledge and expertise to help address national health concerns. For example, physiotherapists had an important role to play with regard to the opioid crisis by educating patients, health professionals and the public about alternative forms of pain management and by advocating for increased access to interprofessional pain management programs. Thus, physiotherapists need to be educated to become competent advocates. “Despite the importance of advocacy and the inclusion of this role in the Essential Competency Profile ... little is known about how best to prepare future clinicians to embrace and enact their role as advocates.”<sup>1(p.3)</sup>

Bessette and colleagues found that advocacy-related competencies are widely covered in the academic curriculum of 13 PT programs but that not all competencies are assessed equally.<sup>1</sup> Barriers include a lack of role clarity, relevant teaching and assessment strategies, and the opportunity to practice the role in the curriculum. The authors concluded that PT educators need to develop a staged approach to covering advocacy throughout the curriculum and to normalize advocacy as a PT domain.

The main barrier that Bessette and colleagues identified was the lack of clarity of the definition of *advocacy*,<sup>1</sup> and thus an important solution is to clearly define this term. The profession needs to provide concrete examples to enhance clarity for faculty, clinicians, and students. Another barrier is the limited time in the curriculum and the perceived lack of importance that some students attach to the concept. The authors determined that advocacy should be taught throughout the curriculum so that it becomes a normalized component of practice and clinical skills. Other suggestions include adding an advocacy component to final exams and including an advocacy question as a component of maintaining eligibility for registration with the colleges.

These broad suggestions are welcomed to enhance advocacy in the physiotherapy profession, but we need an advocate to make concrete suggestions about how to implement them. We need a template for incorporating advocacy into the curriculum and concrete steps for assessing competency in advocacy. The first step is agreeing on a clear definition.

The physiotherapy profession needs to take the next steps to make these suggestions concrete and to implement them. Many members of the profession are great advocates for public health, fitness, global health, disability, and Indigenous rights and of many skills related to advocacy. Advocacy crosses all components and specialties of physiotherapy. Perhaps we should create a list of strong advocates who are willing to speak on this topic, or even have an advocacy panel at an upcoming Congress.

Bessette and colleagues' study specifically dealt with teaching and assessing advocacy in the curriculum and clinical practice.<sup>1</sup> The definition of advocacy needs to be clarified, and once schools have incorporated advocacy throughout their curricula, clinical educators and supervisors need to have a full understanding of the definition and make sure that their student reports address advocacy at mid- and final assessment of placement. Concrete examples of advocacy skills will be helpful in completing these assessments. Table 1 of the article, showing the advocacy competencies taught and assessed at Canadian schools of physiotherapy,<sup>1</sup> is helpful. Circulating this information to clinical supervisors to assist them in evaluating their students who are on placement will enhance the assessment of advocacy in the clinical setting.

This study was helpful and needed. It is now incumbent on all of us to take the next steps to ensure that implementing advocacy is a normalized component of physiotherapy.

Hilary Crowley, PT  
Samuha Overseas Development Association,  
Summit Lake, BC; [hcrowley@mag-net.com](mailto:hcrowley@mag-net.com)

## REFERENCES

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