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WORKS IN PROGRESS

How the Health Advocate Role is reflected in health professions education literature: a scoping review protocol

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Abstract

The Health Advocate Role remains challenging to teach, assess, and study. Mapping the health professions education (HPE) literature—while considering the influence of context—can offer a more nuanced understanding of how the role is conceptualized and enacted across the HPE landscape. This scoping review aims to support the contextualized implementation of the Health Advocate Role.

Comment le rôle de défenseur de la santé est-il reflété dans la littérature sur la formation des professionnels de la santé : protocole de revue de la portée

Résumé

Le Rôle de Promoteur de la santé demeure complexe à enseigner, à évaluer et à étudier. Une cartographie de la littérature sur l'éducation des professions de la santé (l'EPS), tout en tenant compte de l'influence du contexte, peut permettre une compréhension plus nuancée de la manière dont ce rôle est conceptualisé et mis en œuvre dans le paysage de l'EPS. Cette revue de portée vise à soutenir la mise en œuvre contextualisée du Rôle de Promoteur de la Santé.

Introduction

As a health advocate, physicians and medical learners contribute their expertise and influence to advocate for both individual patients and the broader communities they serve to improve health.[1,2] Since 1996, the CanMEDS Competency Framework has formalized this expectation through the Health Advocate Role, recognizing it as a core physician role and a required competency for all medical learners.[3] This role has been widely promoted,[4–6], adopted in various educational programs,[7–10] and adopted in non-physician health professions[11,12] and across international contexts.[13–16]

Despite its inclusion in competency frameworks and diffusion across health professions education HPE, integration of the Health Advocate Role remains limited.[4,7,17,18] In Canada, the role is often reported to be undervalued and underassessed,[17–19] sometimes treated as optional,[7,9,10] or viewed as aspirational.[20] Outside Canada, it has been considered less central than other CanMEDS roles.[15,16,21] Given these challenges and the uptake of the Health Advocate Role across contexts, it is increasingly important to examine how environments, resources, and circumstances shape how the role is expected or enacted.[20,25,26]

Existing literature reviews on the Health Advocate Role have been limited in scope, focusing narrowly on specific contexts such as a single profession (e.g., medicine[7,9,10,24]), education level (e.g., postgraduate training[7,9,10]), or region (e.g., North America[9]). While these focused analyses have made important contributions, their scope limits a comprehensive understanding of how the role is interpreted and enacted across diverse settings. To address this gap, this scoping review aims to map how the Health Advocate Role, as described in the CanMEDS framework, has been conceptualized and operationalized in HPE literature more broadly. By examining its adoption and adaptation across settings, we seek to inform future efforts in teaching, assessment, and research related to this role.

Methodology

We use Arksey and O'Malley's scoping review framework[27] and incorporate methodological advancements proposed by Levac et al.[28] and Peters et al.[29] to guide this scoping review. We chose this methodology because of the exploratory nature of our research and the breadth of literature under consideration. This literature-based study does not require ethics approval. We are currently at Stage 3 of Arksey and O'Malley's framework.

Stage 1. Identifying the research question

How has health advocacy—as articulated through the Health Advocate Role in the CanMEDS framework—been described, understood, taught, assessed and monitored for quality across different contexts in the HPE literature?

Stage 2. Identifying relevant studies

Our research team, including an academic librarian (AQ), developed and refined a search strategy (Appendix A) and conducted the search across seven databases: OVID MEDLINE, OVID Embase, OVID PsycINFO, Scopus, Web of Science, ERIC, and Dissertations and Theses Global (ProQuest). We identified 823 studies and retained 430 for screening after removing duplicates.

Stage 3. Study selection

We uploaded citations into Covidence (Veritas Health Innovation, 2024) for deduplication and screening. Two reviewers (KD and MY) independently screened citations using predefined criteria (Appendix B) to include articles addressing health advocacy and citing a published CanMEDS framework. Before each screening level (title-abstract and full-text), we piloted 10% of citations, reconciled differences, and refined criteria, repeating until 95% agreement was achieved in two consecutive batches. We resolved any ambiguous or unclear cases through discussion until consensus was reached. After title-abstract

screening, we included 365 citations with 94.4% agreement; full-text screening is ongoing.

Stage 4. Charting the data

We will extract and chart three main types of data: (i) bibliometric data, including: author, title, year of publication, country of the corresponding author, and article type, e.g. reviews, primary studies, letters to the editor; (ii) data on how health advocacy is defined, conceptualized and operationalized in curriculum design, teaching, assessment, and quality monitoring (i.e., validity evidence or similar); and (iii) contextual data, including professions, levels of training, specialties, settings and localities.

We will use the Theory of Practice Architectures[30] as an interpretive lens to frame contextual data when it is sufficiently rich in included articles. This sociocultural theory examines the interplay between context and practice—specifically health advocacy education—rather than treating the Health Advocate Role as an isolated concept. It explains how practices are shaped by three interrelated arrangements: cultural-discursive (e.g., language, discourses surrounding health advocacy), material-economic (e.g., resources and infrastructure), and social-political (e.g., power relations and institutional structures). Most previous research studies have conceptualized the Health Advocate role in isolation; applying this lens offers a novel way to understand how these contextual arrangements influence the enactment of advocacy education.

Stage 5. Collating, summarizing, and reporting the results

We will analyze and report bibliometric data using descriptive statistics. We will analyze data on how the Health Advocate Role is conceptualized, operationalized, and shaped by contextual factors using content analysis[31] supported by NVivo 14 (Lumivero, 2023). Guided by the Theory of Practice Architectures,[30] we will examine the contexts in which the Health Advocate Role has been adopted to document how contextual arrangements enable, constrain, or shape its enactment across diverse settings.

Stage 6. Consultation with knowledge users

During protocol development, we sought informal feedback from educators—particularly clinician-educators, program directors, and individuals involved in CanMEDS initiatives—within our institution to improve the protocol's relevance; this input was not included as a data source for the review. Moving forward, findings from this review will inform subsequent stages of this program of research, including an in-depth analysis of two different contexts, with formal engagement of key informants. This broader program of work will inform strategies for integrating the Health Advocate role in ways that are sensitive to institutional and sociocultural contexts.

Summary

The Health Advocate Role remains challenging to teach, assess, and study. This scoping review will map how the role is represented in HPE literature, with attention to the interplay between context and practice—including teaching, assessment, and quality monitoring practices. By drawing on the Theory of Practice Architectures as an interpretive lens, the review seeks to illuminate contextual factors that shape educational practices across professions, training levels, and jurisdictions. These insights aim to inform more nuanced and context-sensitive approaches to integrating the Health Advocate Role within HPE.

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Appendix A. Search Strategies

Search strategy as operationalized for Ovid MEDLINE

#1 advoca*.ti,ab,kf.

#2 (canmeds or can meds).ti,ab,kf,cs,rf,rl.

#3 #1 and #2

Search strategies for the other databases were developed in an equivalent manner, with adjustments made to accommodate each database's specific syntax, while striving to maintain conceptual equivalence across searches.

Appendix B. Inclusion Criteria and Exclusion Criteria

Inclusion criteria

- if the word "advoca*" (i.e., advocate, or advocacy) refer to health advocacy as a role, a competence, or a set of practice
- AND referring to CanMEDS framework [1]
- AND deemed relevant to health advocacy education, which may include health advocacy training embedded within other topics (e.g., leadership, social justice and health equity),
- AND at any level of advocacy: patient level, community or policy level, or no level mentioned
- AND any type of paper: conceptual, opinion, editorial, health advocacy interventions, formal or informal curricula, research articles, literature reviews and program descriptions
- AND published in peer-reviewed HPE literature
- AND English or French language
- AND published on or before November 28, 2024, the date of the search.

[1]At the title-abstract screening step, referring to CanMEDS framework are assumed in all citation yielded by the search strategy (Appendix A) which include reference to the "CanMEDS" in their references.

Exclusion criteria

- When the word "advocate" is used as a verb, as in "We should advocate for" a particular issue, rather than for the health of patients or the community (which implies a health professional role).
- Published only as an abstract, conference abstract, or conference poster. However, full-text conference proceedings will be accepted for inclusion.