Evaluation of Poverty and Social Justice Rotation in Pediatrics Residency Using Narrative Analysis

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Background

In 2014, almost 21 percent of children in the U.S. were living below the federal poverty line.1 These children are at increased risk for premature birth, developmental delays, asthma, and obesity compared to children from more financially secure households.2,3 Healthcare workers, especially pediatricians, often have a limited understanding of the barriers facing patients from lower socioeconomic classes.4 The Accreditation Council for Graduate Medical Education (ACGME) requires pediatric residents to be able to provide “compassionate, appropriate, and effective patient care” and “communicate effectively with patients, families, and the public across a broad range of socioeconomic and cultural backgrounds.”5 Curricula addressing these points is very limited in residency, and existing curricula have not been evaluated for efficacy or outcomes. Our Poverty and Social Justice (PSJ) rotation is geared toward providing such experiences for pediatric residents.

PSJ Rotation

Two- or four-week rotation consisting of experiences with partners such as:

- Americana Community Center
- Catholic Charities
- Kentucky Refugee Ministries
- Kentucky Eviction Court
- Family Scholar House
- Louisville Rescue Mission
- Kentucky Rescue and Restore
- Passport Health Insurance
- Wayside Christian Mission
- Hotel Louisville
- UofL Refugee Vaccine Clinics
- Survivors of Torture Recovery Center
- Family Health Centers: Americana, Iroquois

Objective

We retrospectively reviewed reflective essays from pediatric residents who participated in the PSJ rotation at the University of Louisville Pediatric Residency Program. The aim of the review was to identify consistent themes among the essays to assess what, if any, effect this rotation has on trainees.

Methods

The required reflective essays of eleven residents who participated in the Poverty and Social Justice Rotation over three years were coded by four individuals. Triangulation and theme saturation was ensured by the participation of two non-reviewers familiar with Grounded Theory. A working model was then created from discovered themes.

Results

Existing schema reflected residents’ perceptions of themselves and others. These schema were challenged by the face-to-face inequalities and injustices which they witnessed on this rotation. This led to cognitive dissonance between their perception of life and the reality of what they saw. Learners had emotional responses such as shock and disbelief. They learned about the complexity of poverty, the severity of barriers facing the underserved, and the influence of social well-being on health. As their awareness grew, they assimilated newly discovered community resources and tools to aid them in their future practice.

All of these pieces culminated into future goals and plans that included advocacy, education, changes in practice and the realization of individual limitations.

Conclusions

The concepts found in the reflective essays led to the creation of a model for the framework of learning that occurred throughout this experience as seen below. This model aligns with the Kolb cycle of experiential learning which involves a concrete experience followed by reflective observation of this experience, abstract conceptualization and active experimentation with application of new knowledge. By using this model, we can further enhance the Poverty and Social Justice rotation for future residents.

References


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