Poverty, Privilege, and Professionalism: a consideration of resources with problem-based learning (PBL)

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Rational/need

Medical students and resident trainees are frequently on the front lines of care for underserved patients, yet little is known about their attitudes and behaviors regarding people living in poverty.

The Liaison Committee on Medical Education (LCME) and the Accreditation Council for Graduate Medical Education (ACGME) identify professional behavior as a necessary competency for all physicians.

Cultural competency is not a subject is often integrated into most medical and graduate medical education; yet, it is important for people who contribute to ineffective patient care and are often ignored.

The overall goal of this learning module is to provide medical students and trainees with some insight into the common behaviors which often exists in any group in society where poverty is a way of life. Learners are challenged to demonstrate capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity by participating in this experiential exercise.

Objectives

- To increase awareness of the unrecognized resource in poverty
- To conceptualize a broader definition of resources beyond having financial means
- To apply the broader definition of resources using a clinical vignette
- To understand how resources can impact health

Methods/Description

This workshop is designed for students or trainees in health care and can accommodate small or large groups. The time needed for in class teaching is 90-120 minutes.

The workshop is divided into 4 parts:
1. Pre-workshop reading and written assignment - 45 min.
2. Large group didactic and discussion - 45 min.
3. Small group with clinical vignette - 45 min.

Part One:

- Prior to class, learners read the article: "Rental America: Why the poor pay $4,150 for a $1,500 sofa" published in The Washington Post by Chon Seok
- Complete the Resources Exercise
- Review definition of Resources from A Framework for Understanding Poverty by Ruby Payne
- Complete the self-reflection writing exercise
- The learner brings these to class

Part Two:

- The facilitator reviews the article, "Rental America" and uses it as a clinical vignette.
- The large group identifies the resources in the clinical vignette which highlights valuable "non-financial" resources according to the definition of resources.
- Facilitator encourages discussion

Part Three:

- Learners form small groups (4-6 participants)
- Optional: Roles can be assigned for each member in the group
- Learners read one of three clinical vignettes which highlight different health care issues
- Learners identify resources in their vignette and work to solve the clinical problem
- Small groups join together to present and discuss their clinical vignette

Part Four:

- Learners complete a self-reflection on the following:
  - The concept of resources
  - The learners' personal socio-economic experiences
  - Relationship of personal experience to patient care

Resources

- "Rental America: Why the poor pay $4,150 for a $1,500 sofa" published in The Washington Post by Chon Seok
- A Framework for Understanding Poverty by Ruby Payne

Evaluation Plan

Evaluation was performed through feedback and qualitative analysis of comments from the anonymous self-reflection writing exercise as well as verbal comments received in the group experiences.

- Learners complete an evaluation of the learning experience following the workshop. Anonymity is encouraged.
- The learners rate the value of the learning module as it relates to patient care (on a 10-point Likert scale incorporated).
- The strengths and suggestions for improvement of the learning activity are requested.
- Comments from resident trainees, in particular, speak to the relevance of this experience in their clinical work.

Various learner groups were easily engaged in the small group exercise and they identified this particular exercise as meaningful and interesting. There has been a high degree of participant self-disclosure even during most of the large group discussions with each audience. Therefore, the acceptability of the curriculum and the possibility of improved attitudes toward patients living in poverty because of exposure to this curriculum can be implied.

Impact/Lessons Learned

- The learning module:
  - is flexible in that it can be delivered in a 1/2 day workshop or as an ongoing activity
  - is for learners at various levels but is most meaningful to learners with some clinical experience
  - allows educators to assess professionalism related to diversity
  - provides a comfortable environment outside of the clinical setting

Learners are:

- encouraged to look into "the faces" of both rural and urban poverty
- able to identify with characters in clinical vignettes
- able to self-reflect on their personal experience and address potential biases
- able to demonstrate capacity for self-reflection, empathy, and curiosity about and openness to different beliefs and points of view, and respect for diversity

The workshop has been presented at American Association of Directors of Psychiatric Residency Training (AADPRT), the University of Michigan Medical School, Morehouse School of Medicine, Cleveland Clinic Lerner College of Medicine, Case Western Reserve University, and East Carolina University Brody School of Medicine/ Vidant Medical Center.

Resources & Acknowledgements

- Liaison Committee on Medical Education (LCME): Functions and Structure of a Medical School: Standards for Accreditation of Medical Programs Leading to the M.D. Degree.
  Washington, DC, and Chicago: Liaison Committee on Medical Education. 2006
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