

RATIONALE/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 training has been incorporated into most medical and graduate medical education; yet, stereotypes about poor people which contribute to ineffective patient care 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 appreciation of the unrecognized *resources* 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.
- (4) Individual self-reflection writing exercise - 30 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 Chico Harlan Oct. 2014
 - 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:

- concept of resources,
- the learners' personal socio-economic experiences
- relationship of personal experience to patient care

RESULTS

Resident Retreat

Improving Professionalism: Poverty and Privilege Workshop

I now know that a patient who has poor financial resources may be rich otherwise. PGY 2 Resident



I have learned to emphasize the spiritual and socio-cultural aspects of patient care to help. PGY 1 Resident



For physicians who have a lack of understanding, this (teaching) may help them to communicate more effectively with patients and (better) understand the lack of resources therefore, allowing them to work creatively with patients to find solutions. PGY 3 Resident

Our role as physicians and just being those who were luckier in life, is to help those in to improve their lives as much as we can without prejudice and to the best of our ability. PGY 1 Resident

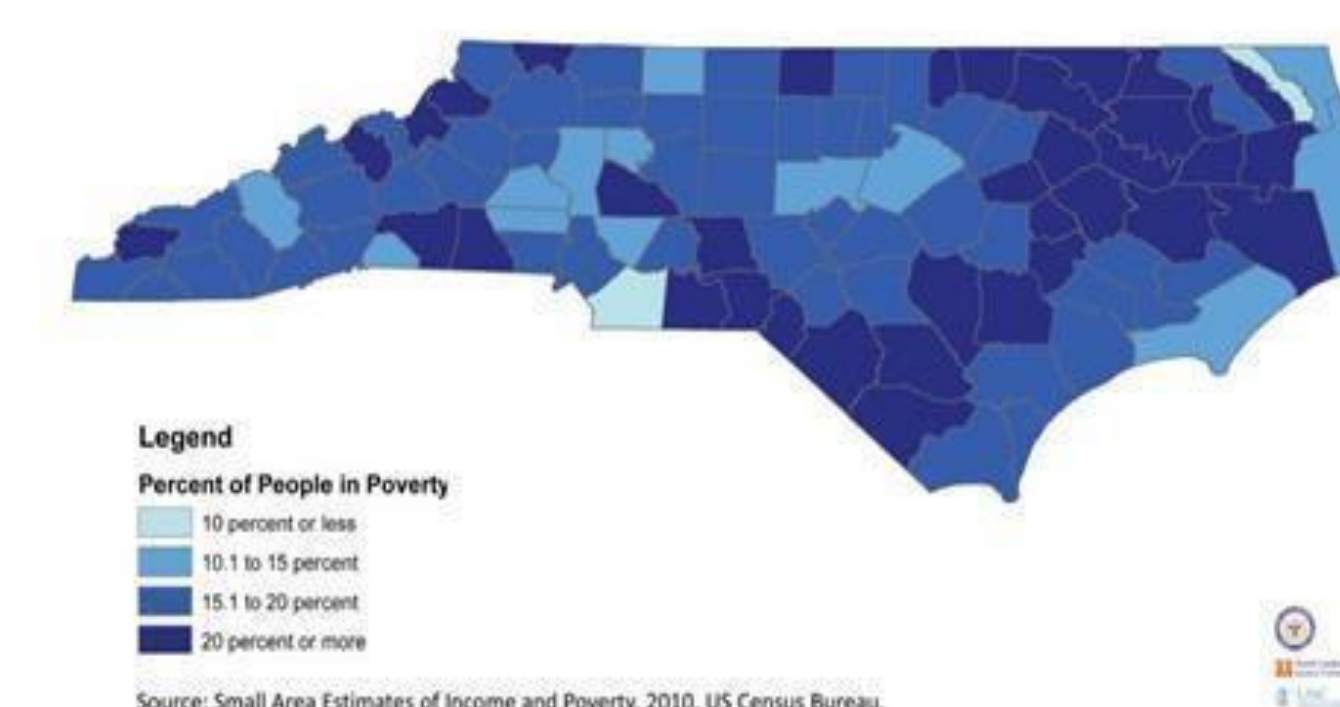


Truthfully, when my patients describe living in a trailer, I can't picture what this is like. How big is a trailer? How many people can fit in one comfortably? How isolated are people who live in trailers? I feel that I have a better sense of the urban poor from my experiences in cities than I do with the suburban/rural poor. I worry that my lack of understanding of certain living conditions will affect my understanding of the patient's real situation. PGY 3 Resident



High Poverty Counties in North Carolina

Concentrated in Eastern North Carolina



We have to consider many other resources which might or might not be available because of the situation (a person) is in or (because of) their background. PGY 1 Resident

(This teaching) fosters a greater awareness of the barriers that are too often not even considered. PGY 3 Resident



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).
- 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 ½ day workshop or as on-going 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:
- challenged about their preconceived notions of people living in poverty
 - 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 bias
 - 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

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