# Medical School Hotline

## The Role of Community-Based Training in Pediatric Medical Education at JABSOM

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### Introduction

Health disparities of minority populations are well documented in the literature. Efforts have focused on cultural competence that allow physicians to increase their understanding and appreciation of cultural differences within, among, and between groups.[1]

An important component of pediatric residency training is understanding the social, community, and cultural factors that affect child health. The American Academy of Pediatrics' report on community health recognizes this need and has recommended that partnerships be formed with other professions to address the community, cultural, and other barriers required to reach optimal child health.[2]

Historically, little formal time was dedicated in pediatric residency training to the social, cultural and community factors that influence the health of children, particularly those most affected by economic disadvantages. In 1996, the Residency Review Committee for Pediatrics recognized this deficiency and mandated structured, educational experiences in community pediatrics.[3] The Ambulatory Pediatric Association's (APA) *Educational Guidelines for Residency Training in General Pediatrics*, and its curriculum, *Serving the Underserved,* have also been a major influence in addressing this deficiency,[4] but have not been supported with the provision of dedicated training time.[5] Recently, the Dyson Foundation, under the leadership of the late Dr. Anne Dyson, has undertaken the development of community pediatrics training initiatives in 10 U.S. residency programs.

### Curriculum Issues

The four goals of the Anne E. Dyson Community Pediatrics Training Initiative are to:

- Equip pediatric residents with the tools and knowledge needed to become future professionals committed to improving the health of the children in their communities;
- Engage pediatric residents in the communities in which they work by using resources of the local community, providing didactic and experiential opportunities in advocacy, and assessing community goals, strengths, and needs;
- Develop meaningful partnerships between academic departments of pediatrics and community-based organizations in their regions; and
- Enhance pediatric training through interdisciplinary collaborations with other schools and university departments.

The University of Hawaii Integrated Pediatric Residency Program (UHIPRP) was awarded one of six initial Dyson Initiative grants, and formed a partnership with Ke Ola Mamo which represents Native Hawaiian community health interests on Oahu.

The partnership will develop a service-learning curriculum to address community and cultural concepts through service to children who have no access to medical care. This approach improves child health through resident training in community assessment skills, understanding of social and cultural issues that either improve or impede health, and recognizing the importance of the pediatrician's role as an advocate for children and families under their care.

Current instructional methods depend heavily on the direct interaction between a preceptor and resident during a patient encounter. This one-to-one training method, while efficient for patient care teaching, may not be easily transferred to the context of learning about a community. This model would require decreasing clinical time for both faculty and residents, thus compounding the problem of underserved children having access to care through the UHIPRP.

It can be a challenge to train residents in the appreciation of social and cultural factors on health which can be qualitative, when residents are most familiar with the quantitative biomedical model of medicine. Residents may not be comfortable when the message on culture and community is elusive. Some may feel that the term, "culture" has become inclusive for all social problems that require intervention by health providers.[6] Others have postulated that lecturing is not the most appropriate modality for learning about community and culture. The effectiveness of teaching community pediatrics does not occur so much through the academic discussion of community medicine,[7] but through mentorship by community practitioners overcoming the difficulty of managing practice and volunteer time.

Community and culture are intertwined, and often qualitative in nature. The complexities of the interaction of culture and the social environment may not be appreciated. Residents may learn about culture through patient care experiences. This is illustrated through the following case example that demonstrates the point that residents may lack formal training on culture, and may only learn the effects of culture and community when patient management is adversely affected. An intern cares for a child with Type 1 diabetes mellitus who is not managing her/his glucose levels. The child's mother attends a diabetes education referral session, and nods when asked if she understands what has been covered in the session. However, little progress is made in the management of the child's diabetes. Subsequently, it is discovered by a public health nurse that the mother is a first-generation immigrant with limited comprehension of English. She nodded understanding out of respect, although she actually did not understand much of what was said at the diabetes education session. In addition, she was not capable of independently completing the Medicaid application, which prevented her from obtaining glucose testing supplies and insulin.

### Hawaii Dyson Curriculum:

The UHIPRP's pedagogical model follows the clinical training model. The web site can be accessed by residents when most convenient for them, and uses case-based scenarios to teach community and cultural concepts.

It uses a clinical case scenario to introduce the resident to community and cultural concepts affecting a child's health. This format

should be more acceptable to the learner, improve knowledge, and allow for integration into practice behaviors.

The web site duplicates the interaction of a resident, patient and attending physician. The scenario introduces the case through a series of screens. Each screen has learning cues on community and health, prompted by the attending physician.

There are three phases.

Phase I: The resident learns about the ecological and biopsychosocial models. It is applied to community health through an ecological map and community "windshield assessment". A "windshield assessment" is a tool that allows health professionals to quickly assess strengths and weaknesses of a community during a walk or drive-through. In the second module, the resident performs a web-based community "windshield assessment" to learn how community resources can affect health outcomes. The final module introduces Native Hawaiian culture in a web-based discussion with the attending physician. A case plan is developed based on information learned through the Internet to assess resident knowledge of basic community and cultural concepts.

Phase II: Training in the community . The learning objectives focuses on community resources and cultural norms. The resident is assigned a community, and performs a community "windshield assessment" under the guidance of an outreach worker. During this phase, the outreach worker reviews cultural norms of the community and prepares the resident for the next phase of training.

Phase III: Service-learning. The resident reviews community learning issues (windshield assessment, norms and values of the community visited) with the attending physician, and is introduced to an uninsured family through a home visit. This home visit or community project is coordinated and supervised by the family's outreach worker.

After the resident meets his or her assigned family, the resident accepts the child into their continuity clinic, and applies the concepts learned on community and culture to help the child obtain optimal care. During the second and third year of training, residents will have opportunities to develop macro-level community health projects in partnership with Ke Ola Mamo. This provides service to the community as well as fulfill the UHIPRP research objectives required of all program participants.

The Hawaii Dyson Curriculum model helps to fulfill JABSOM's vision to be the best medical school in the world with an Asian-Pacific focus. The UHIPRP provides learning opportunities on Native Hawaiian culture, while providing services to the most at-risk population, especially children without access to medical care. This training model provides the resident with rich cultural experiences that will lead to the development of outstanding community pediatricians.

**References**


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