

Rotation in Advocacy and Community Health

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<p><u>Background</u> (What is the curriculum gap? Brief Lit Review) Residents are assessed in systems based practice, including coordinating patient care within the health care system. While the focus is often on inpatient/outpatient transitions, education, housing and food security must also be addressed. Accordingly, community experiences must then include lawyers and social workers as part of an inter-professional curriculum. The first medical-legal partnership was developed by pediatrician, Dr. Barry Zuckerman, at Boston Medical Center in 1993 and have since developed across the nation in efforts to address social determinants of health.</p> <p>M. Sandel et al. Medical-Legal Partnerships: Transforming Primary Care By Addressing the Legal Needs of Vulnerable Populations. <i>Health Affairs</i>, 29, no.9 (2010): 1607-1705</p>	<p><u>Goal(s) of the Curriculum</u> To provide residents the knowledge and skills required by the general pediatrician to function competently as a member of an inter-professional team to better address the social needs of the patient.</p>	<p><u>Program Objectives</u> (Why this experience was created?) Develop experiences within our own community for residents to recognize as well as address social determinants of health.</p>
<p><u>Resident/Fellow Learning Objectives</u></p> <ol style="list-style-type: none"> 1. Develop knowledge of where patient population lives, attends school and works, to open their eyes to unseen aspects of patient health 2. Recognize the critical role of the pediatrician in identifying social and legal needs of patients and families that adversely impact child health and well-being 3. Recognize biases in themselves and others, both professional and personal, in working with low-income population 	<p><u>Educational Strategies/Activities</u></p> <ol style="list-style-type: none"> 1. Observate in a community setting, such as housing court, welfare office, homeless shelter (Journal Entry) 2. Actively participate in client interview with social worker/lawyer. 3. Choose 2 of 4 additional opportunities such as taking a city bus from x to y and back (Journal Entry on observations) incorporating SDH screening into practice (Journal Entry) 	<p><u>Learner Assessment</u> The residents submit their journal at the end of the rotation. This is not evaluated objectively, but rather verified for completion. One success recently mentioned in a journal was when a team of law and social work students along with a resident were able to have supplemental income benefits reinstated for a mother caring for a developmentally delayed child</p>
<p><u>Program Evaluation</u> This curriculum was implemented for the 2015-16 academic year. As part of the medical legal partnership, residents complete a pre- and post-survey detailing their experiences within the program. In addition, the residents have the opportunity to rate the rotation overall and provide specific feedback.</p>	<p><u>Implementation</u> In 2012, the initial medical legal partnership formed between Rutgers Law and our pediatrics department as HEAL (Health, Education, Advocacy & Law). HEAL has office space within our continuity clinics and is staffed 5 days/week with social work students as well as law students/interns. In 2013, residents starting rotating through HEAL for ~2-3 hours/month as part of an existing community/adolescent rotation. Soon after, we realized that this was insufficient time and worked together to create an expanded 4-week mandatory rotation with a structured curriculum as outlined above.</p>	<p><u>Lessons Learned</u></p> <ol style="list-style-type: none"> 1. Our residents were unaware of all of the resources available to their patients and have expanded their tool sets to provide for their continuity patients as a part of the medical home. 3. Awareness of resources by physicians leads to increased referrals to community services. 4. Overall positive feedback from pediatric residents as well as significant interest from medical students interested in pediatrics.