

# What Do Pediatric Residents Gain From an Experience in Juvenile Justice? A Qualitative Analysis of Community-Based Learning

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## ABSTRACT

**BACKGROUND:** Training in advocacy and community pediatrics often involves the use of community site visits. However, data on the specific knowledge, skills, and attitudes gained from these experiences are limited. In this study we used qualitative analysis of written narratives to explore the response of residents to a juvenile justice experience.

**METHODS:** Pediatric residents participated in a week-long experience in the juvenile probation department and completed a written narrative. Narratives were analyzed using grounded theory to explore the effects of this experience on residents' views of youth in the juvenile justice system.

**RESULTS:** Analysis of 29 narratives revealed 13 themes relating to 5 core concepts: social determinants of behavior, role of professionals and institutions, achieving future potential, resolving discrepancies, and distancing. A conceptual model was developed to explore the interactions of these concepts in

the resident view of youth in the juvenile justice system. Of the themes only 3 (23%) were related to content explicitly covered in the assigned reading materials.

**CONCLUSIONS:** Several important concepts emerged as elements of this experience, many of which were not covered in the explicit curriculum. Variability in attitudinal response to the experience raised important questions about the influence of the ideological framework of the learner and the hidden curriculum on the learning that occurs in community settings. We propose a theoretical model that delineates the factors that influence learning in community settings to guide educators in planning these types of experiences.

**KEYWORDS:** advocacy training; community pediatrics; juvenile justice; qualitative analysis; resident education

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## WHAT'S NEW

Data on the specific knowledge, skills, and attitudes gained from community learning experiences are limited. Analysis of written narratives provides insight into the learning that takes place during these experiences and raises important questions about the factors affecting learning.

ADVOCACY AND COMMUNITY pediatrics have been a consistent focus of residency training in pediatrics over the past 2 decades. The Accreditation Council for Graduate Medical Education Common Program Requirements for pediatrics mandate 2 educational units that include “elements of community pediatrics and child advocacy.”<sup>1</sup> Although there are many approaches to meeting this requirement, most programs include a variety of community site visits.<sup>2</sup> As a whole, community pediatrics training appears to increase physicians' involvement in the community later in their careers.<sup>3</sup> However, data on the specific knowledge, skills, and attitudes gained from individual community experiences are limited.

Self-report on surveys is one approach that has been used to assess gains in knowledge and attitudes after training in community pediatrics.<sup>4,5</sup> However, surveys might not fully account for the variability of learners' experiences or the influence of previous experience and world views that can significantly influence results.<sup>6</sup> Learning in the community setting, just as in the clinical setting, is often heavily influenced by institutional culture and subtle cues that contribute to the hidden curriculum.<sup>7,8</sup> Because of the considerable amount of time and resources required for community-based training, additional methods are warranted to explore the subtleties of how these various aspects of community experiences come together to influence learning.

Narrative analysis offers one window into this problem. Reflective writing exercises have been growing in popularity in medical education.<sup>9</sup> These exercises are used predominantly for the benefit of the learner and can yield many positive results, such as the promotion of professionalism and expansion of reflective capacity.<sup>10,11</sup> Analytical instructional rubrics, such as the Reflection Evaluation for Learners' Enhanced Competencies Tool (REFLECT)

rubric,<sup>12</sup> have been used to analyze the depth and quality of reflection as a means of learner assessment and provision of feedback. Qualitative analysis of narratives and structured interviews have proven to be a valuable tool for understanding the learning that occurs over the course of clinical<sup>13</sup> as well as community pediatrics rotations.<sup>14–16</sup> Several studies have used this technique to describe the experiences of learners during specific community-based activities including home visits<sup>17–20</sup> and “a day in the life of a patient” simulations.<sup>21</sup> In addition, qualitative analysis of learner narratives provides an opportunity to assess the hidden curriculum.<sup>22</sup> However, to date this approach has not been applied to juvenile justice experiences.

Juvenile justice is a common experience in community pediatrics training, with 51% of programs reporting inclusion of a juvenile justice site visit in a 2005 survey.<sup>2</sup> Children in the juvenile justice system are a high-risk group, and it is important that pediatricians receive exposure and training to this population.<sup>23</sup> However, it is not clear how exposure to this environment influences attitudes toward this vulnerable population, because this has not been previously studied in medical trainees. In this study we conducted qualitative analysis of pediatric resident narratives written after a 1-week immersion experience in the Bexar County Juvenile Probation Department (BCJPD). Our goal was to gain a rich understanding of the effect of this community-based experience on pediatric residents.

## METHODS

Our residency program is a midsized program with clinical training in an urban county hospital. All second-year pediatric residents in our program take part in a 1-week Juvenile Justice Experience that occurs during the last week of their adolescent medicine rotation. The Juvenile Justice Experience is one module within our larger longitudinal advocacy and community pediatrics curriculum. However, at the time of this study it was the only module implemented, and residents who participated during the timeframe we report had not yet experienced other portions of the curriculum.

This experience begins with a required online module to prime the learner for a 4-day community immersion. Interactive activities in the online module teach and test the learner’s grasp of definitions and concepts. During the immersion experience, the learner has scheduled interactions with personnel, parents, and adolescents in the BCJPD. Personnel from BCJPD teach concepts of how the system works as well as model their interactions with youth. The learning objectives for residents completing the experience are to: 1) explain the basic juvenile justice process in Texas, 2) describe the social and health risks of youth in the juvenile justice system, 3) name some of the resources available to mitigate those risks, and 4) build partnerships for future advocacy projects in the community. Of those objectives, only objective 1 is covered explicitly in the online module and written materials from BCJPD, whereas

objectives 2 through 4 are intended to emerge naturally as a part of the immersion experience.

Residents complete a written narrative in response to a standard prompt on the end of the course feedback and evaluation form; this reads “Please reflect on your experiences and how it influenced your perception of the role of the physician as a patient advocate. Please include a description of at least 1 specific incident or experience that affected you in particular.”

We used a purposeful criterion-based sampling method in which we analyzed all narratives from the first 2 years of the experience. All narratives were deidentified before the analysis. This sample was selected to ensure that findings were not limited to the experiences of a single cohort and to capture variations in the experience that occur as a function of the school and calendar year. In addition, inclusion of 2 years of data allowed us to collect approximately 25 to 30 total responses, a number that was determined to be likely sufficient to reach saturation in the coding process on the basis of our early experiences with the data and discussions with experts in qualitative research. Data collection occurred over the 2012/2013, and 2013/2014 academic years.

Narratives were analyzed by 2 reviewers (E.R.H. and J.A.P.) using grounded theory to identify themes and concepts expressed, and develop a conceptual model related to the effect of this experience on pediatric residents. Grounded theory was selected because of the lack of previous frameworks or hypotheses for understanding learning in this setting.<sup>24</sup> Among the reviewers, only E.R.H. was involved in the design of the curriculum, and none of the reviewers were directly involved in the care of children in the juvenile justice system. After immersion in the first subset of the data, E.R.H. created an initial coding scheme in which each theme identified was represented by a distinct code. This was reviewed by J.A.P. and refined in collaborative discussions that involved comparing the emerging coding scheme to the newly collected data and refining accordingly until saturation was reached (ie, no new themes were emerging). Each reviewer then independently read through the narratives again and coded them according to the finalized coding scheme. Although data collection was ongoing at the time of the initial coding, no changes were made to the experience or narrative prompt as a result of the early coding results. Rolling inter-reviewer discussions were held throughout the coding process to identify and address discrepancies in coding until consensus was achieved. The themes were further grouped into core concepts by examining the quotes that were classified under each code and how they related to each other.

After consensus was reached on the coding of all narratives, the coding scheme and a random sample of 10 reflections were given to a third naive coder from a different clinical department (E.P.F.) for review and coding. The third reviewer reported that the codes fit the data well and did not identify any codes that were inappropriate or themes that were insufficiently captured in the coding scheme. A conceptual model was then developed to describe the residents’ views of youth in the juvenile justice system, building on relationships between core concepts that emerged in

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