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Integrating Social Justice for Health Professional Education: Self-reflection, Advocacy, and Collaborative Learning

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Introduction

The Liaison Committee on Medical Education recommends that US medical school curricula "appropriately address" cultural competence and health disparities, and build solutions to reduce health disparities (Liaison Committee on Medical Education, 2015). However, the current reality of deeply entrenched structural inequities across race, class, gender, and social privilege makes it a challenge for students to grasp health equity solutions. Can health professional education truly create educational and training opportunities for students to explore health equity solutions that reduce health disparities? Classroom lectures about social justice can send the message that these values are mere platitudes without practical meaning and concrete examples that actually promote and improve the health of socially disadvantaged groups.

This paper illustrates how social justice principles and values can be integrated into professional graduate education through self-reflection, self-direction, advocacy, and collaborative learning opportunities. We are all ethics educators in various disciplines at Loyola University Chicago. First, we discuss the social justice foundations of health equity. Then we share lessons learned from incorporating social justice concepts in our courses in bioethics, medicine, nursing and law. Our hope is that our educational innovations can help foster greater recognition of the importance of social justice education and how it can be successfully integrated in various professional educational settings.

Social Justice and Health Equity Concepts

Health equity, defined simply as the elimination of health disparities, can be conceptualized as two separate parts: 1) the *principle* of health equity as a vision to aspire towards, and 2) the *practice* of health equity as the action needed for current structural change to occur (Stone, 2013). The principle of health equity is built upon the justice as fairness principle and is widely accepted. John Rawls' "justice as fairness" theory has been one of the most influential views of social justice over the past 40 years (Daniels, 2001). The theory states that human beings possess certain basic rights, and in order for society to function effectively members should have equal access to opportunities, and inequalities should be limited. Although Rawls's justice as fairness theory does not specifically address health, it has been highly influential among thinkers and policymakers in democratic societies (Rawls, 1985).

The practice of health equity is frequently debated in recent works focusing on global perspectives of justice and health. Amartya Sen takes a practical approach to justice and describes justice in terms of capabilities. He suggests that the ability to achieve good health must include an evaluation of the freedom a person may have to function (Sen, 2005). Moreover Beauchamp and Childress have re-invigorated the contested debate on social justice by adding more recent content on allocation of goods and services, rationing and setting priorities, with US examples from the Oregon Health Service plan in more recent editions of their venerable book *Principles of Biomedical Ethics* (Beauchamp & Childress, 2008). Political and public stakeholders disagree on the specific aspects of fair allocation of health care resources compared to other vital interests, such as education, housing, and defense. Despite these disagreements, the basic concept of social justice is seen as critical to ethical decisions in healthcare and plays a key role in resource allocation across health care debates.

In its simplest form, the process of justice means to act to promote fairness and equality. According to Beauchamp and Childress, "*[d]istributive justice* refers broadly to the distribution of all rights and responsibilities in society including civil and political rights" (Beauchamp & Childress, 2008). *Retributive justice* refers to what is merited or deserved. *Social justice* incorporates both of the above components and might be explained as "all groups and individuals [being] entitled equally to important rights . . ." (Levy & Sidel, 2006).

Social justice processes might also encompass the notion of *equity*. Levy and Sidel (2006) define equity as follows:

> Equity in health can be defined as the absence of systematic disparities in health (or in the major social determinants of health) between social groups that have different levels of underlying social advantage or disadvantage.

The Loyola Model for Integrating Social Justice in Graduate Education

Consistent with our Jesuit mission, "…a diverse community seeking God in all things and working to expand knowledge in the service of humanity through learning, justice and faith," the Loyola University Chicago balances social justice principles and practice through self-reflection, self-direction, advocacy, and collaborative learning opportunities in many courses. We will share a few examples of lessons learned from curricular and elective courses in bioethics, medicine, nursing, and law (see Table 1).

Table 1: Course Program and Description

Course Name	**Type**	**Length Weeks**	**Learning Opportunity ***
Justice and Bioethics	Bioethics/Curricular	15	SR
Patient Centered Medicine	Medicine/Curricular	48	SR
Cultural Competence in Health Care	Bioethics/Curricular	8	SR, SD, A, C
Bioethics and Professionalism	Bioethics/Elective	36	SD, SR, A, C
Social Justice Elective	Bioethics/Elective	8	SR, SD, A, C
Medical Legal Partnerships	Law/Elective	15	SR, SD, A, C
Clinical Nursing	Nursing/Curricular	15	A

***self-reflection (SR), self-direction (SD), advocacy (A), collaboration (C)**

Social Justice through Self-Reflection Learning Opportunities

The Loyola Justice and Health Care course allows students to use self-reflection to explore global and local social justice issues. This online course evolved over time. Initially, it focused solely on health care and justice issues in the US. The instructor of this course (KP) decided to expand this course and make it more cosmopolitan in its scope. This change occurred after the

instructor took an immersion trip to East Africa where he was confronted with many serious health disparities. These disparities were sharply illustrated by the HIV/AIDS epidemic which had left numbers of orphaned children in East Africa. Thus, he added more readings by authors who address global health injustices (e.g. Paul Farmer). Students in the course were required to interview an individual who was working toward greater justice in health care, locally, regionally, nationally or globally. Lastly, guest speakers were invited to speak about issues related to justice and healthcare. These assignments and structural changes to the course encouraged students to reflect on the theoretical issues of social justice in a more accessible way and the presentations show students how key leaders in medicine start and sustain health equity solutions. It builds on the notion of doing, reflecting and contextualizing, as described by our colleagues Mark Kuczewski, et al. (Parsi & Sheehan, 2006), with regard to how justice is taught to medical students at Loyola University Chicago Stritch School of Medicine.

Efforts to integrate social justice in the medical school curriculum are not entirely novel. For instance, schools such as the University of Michigan Medical School (Kumagai & Lypson, 2009), Geisel School of Medicine at Dartmouth (Coria, et al, 2013), and the John A. Burns School of Medicine at the University of Hawaii (Schiff, 2012), have all reported on their individual efforts to integrate the concept of social justice in the medical school curriculum. Here at Stritch, we have integrated social justice issues in our curriculum within our Patient Centered Medicine course (PCM) through self-reflection learning opportunities. This is a three-year longitudinal course that equips students with many basic competencies in clinical care. In PCM-1, students are introduced to the basics of taking a complete medical history. In addition, they are given lectures on professionalism, clinical bioethics, and the US health care system. There are also lectures and small group discussion to reflect on health disparities, cultural humility and global health. In our small group exercise for this session, we quote a physician who gave an ethics grand rounds at Stritch several years ago:

> Physicians play a key role in eliminating health care disparities. One of the ways they can prevent disparities is to be more aware of cultural barriers to health care. Each patient has a unique story, culture, value system, language, experiences, phobias, interests, habits, etc. that will determine how they view and participate in their well-being. The patient may also have experienced a history of oppression which could have physical and psychological consequences, such as depression, anger, or a sense of fatalism. These are other factors that may influence approaches to healthcare. (Boyd 2009)

We also integrate social justice in the third year of PCM (PCM-3). In fact, two of the learning objectives of this course relate to issues of social justice:

- Analyze the obligation of the medical profession to promote the health and well- being of the public.(O1)
- Define social justice and analyze its role in medical professionalism. (O2)

PCM-3 is structured a bit differently from PCM-1 in that the students gather every 6 weeks to reflect on their experiences as third year medical students. These reflection exercises allow students to make greater meaning of issues related to health disparities, health equity, and social injustice. As our colleagues have written elsewhere, our "students need an opportunity to integrate this sense of justice both cognitively and affectively" (Parsi & Sheehan, 2006). Thus,

the process of integrating a sense of social justice requires doing, reflecting and contextualizing, something our students do routinely within PCM.

Social Justice through Advocacy

The Loyola Cultural Competence in Health Care course is an 8-week blended course with online and in-class learning activities that promotes social justice values through self-reflection, leadership, and advocacy learning opportunities towards health equity solutions. In the course, a culturally competent health care system is defined as "[a system] that acknowledges and incorporates—at all levels—the importance of culture, assessment of cross-cultural relations, vigilance toward the dynamics that result from cultural differences, expansion of cultural knowledge, and adaptation of services to meet culturally unique needs" (Betancourt, et al. 2003). The course allows students to reflect on the individual, organizational, and structural factors that could promote culturally competent health care systems. The topics cover the ethical challenges of recognizing unconscious bias and implementing solutions to reduce racial and economic health disparities. Students work in small groups to practice cross-cultural communication skills and evaluate institutional change strategies presented by health system administrators. For the final project, students prepare a multi-media proposal to reduce health disparities that is shared with relevant stakeholders. For example, a student proposed an education and enrollment program for Hispanic families to increase awareness and enrollment in health care coverage under the Affordable Care Act. This project was designed in partnership with Hispanic undergraduate students. Overall, the course reflects the Jesuit concept of social justice that advocates for the well-being of all by promoting student advocacy. Cultural competence is a practical concept that can be used effectively to promote the Jesuit concept of social justice by training competent health care professionals to reduce health disparities and promote health equity.

The final project challenges students to identify current health disparities and develop actionable health equity solutions. For example, a student working full time in an outpatient setting was concerned that she was not in a leadership position, and therefore did not have enough influence to bring about meaningful change in the institution with regard to reduction of health disparities. Through the course she developed a proposal illustrating how language was a barrier for some patients and that bilingual materials and signage in key locations could reduce or eliminate this barrier for some. This proposal made the organization aware of the problem posed by language, improved the language services provided to non-English speakers, and opened the door for future cultural and language standards, through policy or organizational change. The final project allows students to practice advocacy skills built on justice principles.

Social justice in nursing education has long been embedded in the general commitment of nurses to the practice of caring for people, advocating for patients, and seeking to meet the holistic care needs of those they serve. Florence Nightingale (1859) wrote about such ideals in her "Notes on Nursing: What it is and What it is Not." The American Nurses Association (ANA, 2001) in their *Code of Ethics for Nurses* preface list nine provisions with the view that "Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community." The first provision in this code emphasizes that nurses practice "with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by

considerations of social or economic status, personal attributes, or the nature of health problems" (ANA, 2001). In addition, the National League for Nursing (NLN, 2015), one of the national accrediting bodies for colleges of nursing, notes that "[in] nursing education, the majority of sources regarding justice focus on the clinical preparation of undergraduate students to meet the needs of culturally diverse populations." As such, cultural competency is closely associated with social justice in nursing education. The American Association of Colleges of Nursing (AACN, 2008) defines cultural competence in nursing education as "the attitudes, knowledge, and skills necessary for providing quality care to diverse populations."

Although accrediting bodies, colleges of nursing, nursing students, and professional nurses alike may agree on the need to practice nursing in a way that is 'just' using a broad philosophical definition of providing non-judgmental care, nursing educators are not always clear on how social justice should be taught in a way that it will become integral to practice. In the article '*Challenging the Coherence of Social Justice as a Shared Nursing Value*,' M. Lipscomb (2010, p. 4) argues that perhaps there is not one particular definition that is shared by the nursing profession. He states that (nurses) should not "assume that social justice describes a clearly understood, self-evident, and irrefutable good" and that it is false to accept "social justice as a shared nursing value produces a uniform set of practical actions or outcomes." These debates reflect the challenge between social justice principles and practice in nursing education.

Despite the fact that nursing education and practice may not have a consensus definition for what the term social justice means and how it is translated into the care of patients, there has always been a foundational belief that nurses advocate for those they take care of. This advocacy role should not be interpreted as an exclusive one for nurses — all health professionals are called to do this. Nurses, however, often spend more time with the patient and their loved ones at the bedside, in the clinic and in follow up care activities. As a result, nurses may have knowledge beyond the medical facts of a patient's history, appreciating the social, cultural, economic, and spiritual aspects that can influence patient care (Fisher, et al, 2007). For example, a patient may tell the nurse during an admission assessment to the hospital that she has no help at home to assist in her care at discharge and has little money to pay for help and thus is afraid to go home. Because the nurse is aware of this information early in her hospital stay, referrals for home care services, transportation and such can be arranged and the patient may have less anxiety about discharge. This provides advocacy for patient care needs for discharge as well as social justice aspects of care related to resource allocation and cultural competence.

With regards to our pedagogical approach with nursing students, the undergraduate nursing students at Loyola have a 6 credit hour leadership course that helps them develop critical thinking skills as well as global health issues that impact on patient care. At the graduate level, there is a 3 credit hour bioethics course as well as research and policy classes that are designed to integrate social justice education for the various specialties. The graduate nursing program at Loyola includes a mandatory 2 credit hour bioethics course as well as a 1 credit hour health policy course that includes discussions about cultural, religious, and social/public policy in the context of professional conduct and patient care. These classes are both offered online or in-person and the vast experience of the students makes the topic discussions very meaningful.

The overall awareness and application of social justice in nursing practice at both undergraduate and graduate levels is best taught during clinical rotations when the student is

providing care to individual patients. For example, the clinical instructor can review with each student their assigned patient and point out specific social needs that might need to be explored in order to provide the best plan for care, discharge, and follow up needs of that patient.

Social Justice through Self-directed Learning

In addition to integrating social justice within the formal curriculum, we also integrate justice into our extracurricular offerings through self-directed learning opportunities. The Bioethics and Professionalism Honors Program at Stritch aims to encourage and enhance the development of the character and intellect of its students outside of the traditional curriculum. Stritch has a large number of students who are active in a largely self-directed curriculum related to bioethics, service to the underserved, leadership, and professionalism. The Bioethics and Professionalism Honors Program requires students to document and reflect upon this self-directed curriculum systematically. The program provides a formal structure for students to enhance their knowledge and awareness of bioethics and professionalism issues while undertaking a range of activities in these areas.

Students enter this extracurricular program in January of their first year and complete it in June of their third year. They are paired with a faculty advisor who provides feedback on their work. The requirements of the program include the following: setting annual goals related to their bioethics and professionalism activities and knowledge, reflecting on those activities in the student's online portfolio, attending seminars, and completing a capstone proposal and project. Some of the topical seminars focus on issues of social justice, social health determinants and disparities, and service to the underserved. Students spend 1-2 years planning, undertaking and completing their capstone project which may be empirical/clinical, pedagogical, service-oriented, or conceptual in nature. Many of these projects involve issues of social justice and focus on underserved communities and groups. Students present their project as an academic resource, primarily posters, at the end of their third year and are evaluated by faculty. Students who complete this program are eligible for a fourth year elective designed to write up and submit their capstone project for publication.

We also offer an elective course on social justice and underserved minorities for students from first year to fourth year. This course addresses the role of race in medicine, particularly structural inequities that perpetuate disparities (e.g. access to health care, education, and income). Medical students create a health care conference in partnership with a local high school to learn about the barriers to healthy living in an underserved community. Students explore the intersection of social structures of power and privilege and the practice of medicine in this course and practice creating culturally tailored solutions to improve community health in partnership with high school students.

Social Justice through Collaborative Learning Opportunities

As educators, we are expected to translate ethical principles into meaningful action for our students. One way to accomplish this is through collaborative and experience-based learning that represents the health professionals providing care, as well as the communities in need of care. Collaborative partnerships are well recognized as a best practice to reduce health disparities while linking social justice principles to practical actions (Fisher, et al, 2007). A medical-legal

partnership (MLP) is an ideal method to operationalize the academic experiences in nursing, medicine, law as well as other health care professional programs. According to the National Center for Medical-Legal Partnerships, an MLP

> aims to help vulnerable populations navigate the complex legal systems that hold solutions to many problems associated with social determinants of health. By integrating legal assistance into the medical setting, MLP helps . . . communities mitigate the social stressors that affect their health so that they can get and stay healthy (Health Justice Project, 2015).

This partnership offers something different:

> The medical-legal partnership model is unique because it bridges patient to population level interventions and also adds a level of institutional systems change. Health and legal services are integrated, rather than operating as a referral mechanism, leading to long-term, sustainable, more effective solutions to health – and legal – problems (Health Justice Project, 2015).

This approach is increasingly relevant given the systemic nature of healthcare delivery challenges. No longer can communities and professionals accomplish their goals by taking a siloed approach, but rather all must work together sharing resources, avoiding duplicative or unnecessary services, and ultimately improving the health of those whom they serve. Loyola's Law School, in partnership with the Erie community clinic, offers a medical-legal partnership clinic for students from social work, public health and medicine. They learn collaboratively to tackle housing, homelessness, and environmental policy cases (National Center for Medical Legal Partnership (2014).

The approach of an MLP is intended to be preventive to avoid an urgent legal crisis in the future. In fact, one of the core components of an MLP, according to MLP experts Megan Sandel, et al., is to provide "legal advice and assistance to patients, with a focus on the early detection of legal problems and the prevention of legal crises and health consequences" (Sandel, et al, 2010). This is integral to promote social justice in health care. According to Sandel, et al. (2010), "medical-legal partnerships can work with government agencies to change laws and policies affecting low-income populations.…they can encourage the enactment or amendment of laws and regulations to benefit vulnerable populations."

Both the American Medical Association (2009, p. 4) and the American Bar Association (2007, p. 2) passed resolutions supporting these partnerships. Through teaching the foundations of social justice in our academic programs we can prepare our students to apply this knowledge in a concrete way to not only understand social justice but to effectuate it as well. Graduate education programs in bioethics, public health, nursing and medicine are all uniquely positioned to partner with community legal resources or may even have the benefit of a law school with a legal clinic within their university.

Conclusion

In order for health equity solutions to flourish and be sustained, the role of social justice must be incorporated into the education and development of bioethics, nursing, medical, and legal professionals. By bringing these professional groups, all of whom are committed to social justice, to act in the classroom and outside of the classroom through self-reflection, self-direction, advocacy and collaborative learning promotes social justice in a meaningful and tangible way. Below is a list of resources for integrating social justice in health professional graduate education (Table 2). We hope that the educational examples we have described here will foster greater attention to health equity solutions to reduce racial and economic health disparities.

Table 2: Resources for Integrating Social Justice

Books and Articles:

Race Forward Formerly Applied Research Center, & Northwest Federation of Community Organizations. (2005). *Closing the gap: Solutions to race-based health disparities.* Race Forward, New York, NY.

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Websites:

United States Department of Health and Human Services Office of Minority Health Think Cultural Health: Bridging the Health Care Cap through Cultural Competency Continuing Education Programs
www.thinkculturalhealth.hhs.gov
https://www.thinkculturalhealth.hhs.gov/index.aspr

Robert Wood Johnson Finding Answers Disparities Research for Change
http://www.solvingdisparities.org/

Community-Campus Partnerships for Health
https://ccph.memberclicks.net/

National Center for Medical-Legal Partnerships
http://www.medical-legalpartnership.org/

Video:

California Newsreel, “Unnatural Causes: Is inequality making us sick?” DVD
http://www.unnaturalcauses.org/

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