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Turning from Deficits to Strengths: Teaching Students a Strength-Based Approach to Clinical Care and Community Health

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Turning from deficits to assets: Teaching students a strength-based approach to clinical care and community health

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Deficits vs. Assets

- Asset mapping = identifying and amplifying strengths, resources to improve health of an individual/community
- A deficits model is the cornerstone for medical education, focusing on diseases, deficits, addictions, social risk factors, etc. (e.g. needs assessment)
- Asset-based approaches have often been ignored by funders and by clinicians, feeling that they are harder to quantify/evaluate
- By missing assets, we lose a key chance to empower patients/communities to heal from within.
- Asset or deficit? (hint: all deficits are assets in disguises)
- Gang leader - Teen parents - Navajo-speaking elder

UNM programs/clinics utilizing an assets-based framework

- Asset mapping workshop in the first week of medical school, embedded into a population health 2-week course (Health of NM), with students then applying that framework toward an analysis of health conditions
- Community immersion aspect of a 2nd year medical school course (PIE), where students create an “assets map” around their health issue with their community leaders
- Student-run homeless shelter clinic notes include assets in HPI, assessment and plan
- Applying a strength-based approach to all aspects and programs of a pediatrics health clinic (Young Children’s Health Center), much of which comes from the clinic’s Family Support Council. Below is the Protective Factor’s Framework they are using:

PROTECTIVE FACTORS FRAMEWORK	
Domain	Clinic Services/programs to address domain
Knowledge of Parenting and Child Development	Home Visitation, Well Child Check, Parents groups, Community forums, family therapy
Concrete Support in times of need	Case management, SW Aide, Law Clinic, crisis intervention
Social and emotional competence of children	neighboring program, school based prevention groups, Saturday volunteer group, summer camp, integrated behavioral health services
Parental resilience	strength based philosophy, family therapy, parent groups, english classes
Social Connections	Neighboring programs, community forums, parent groups

Outcomes in pictures and words

- Student reflections after a week focused on asset mapping in the UNM PIE course

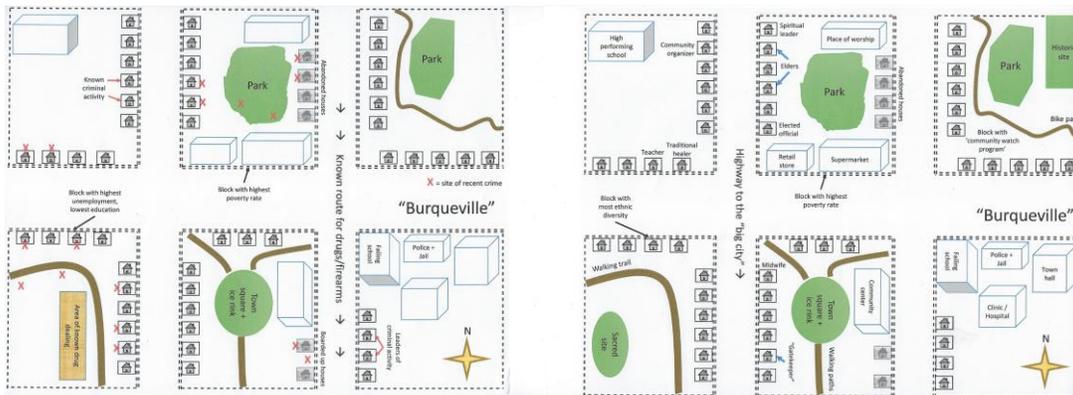
I think that strength-based work can help clinicians better their ability to improve patient lifestyle and habits, and I think it will allow health professionals to provide better quality care when we see patients in a more positive light. If we learned that a patient has an admirable quality or once completed a difficult task, we can use this to our advantage and more convincingly suggest a change for a difficult habit.

During medical training, we aren't taught to see patients in a positive light (outside of this PIE experience as I'm reflecting here). It partly may be because of the system or the plethora of medical things we need to learn, but we are taught to approach patients by their diagnoses and medical history instead of things that are positive. We learn that they have uncontrolled diabetes before we learn that they take care of their 2 children and elder parents and maintain a full-time job, for example.

It is hard to intentionally focus on assets and strengths when deficits and pathology have been drilled into our heads for so long. However, these last few weeks I am making a concerted effort to take this point of view and really be intentional about getting at patient strengths. So that's my goal for this week. I think medical education could be better at teaching us this by just introducing it sooner.



Asset-based approaches to school safety, overcoming addiction, and smoking prevention (credit: NHI)



Deficit (left) and asset (right) maps used in asset-mapping workshops (credit: NHI)

Who benefits from an asset-based approach?

- Students/faculty
 - personal wellness, improved clinical skill set
- Patients/Communities
 - empowerment, improved health outcomes
- Clinic staff
 - improves cohesion and staff morale as focus shifts toward strengths and wellness
- Evaluation
 - We are missing important outcomes of our work by not evaluating resilience, social connectedness, culture/language, etc.

Where do we start?

- Analyze your own assets!
 - > Where are the unique assets among your staff/faculty pertaining to asset mapping, including experience, expertise and knowledge
- Brainstorm where asset mapping would fit within each course that you teach and within the larger HSC curriculums
- Developing a core set of asset mapping competencies will help health professions schools develop ways to assess their efforts in this realm

We would like to acknowledge the Native Health Initiative (NHI) community leaders who have been the teachers of asset mapping over the last decade, along with NHI for its formative work in teaching this subject to our UNM community.

