

1 **Directions:** As you read this dataset, write down a few codes
2 using gerunds that describe what the data tell you about the
3 participant's experience. Think about what the participant does
4 as well as what s/he says. Is there any theoretical category that
5 the data suggest?
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9 **ESP 3 Reflective Writing Dataset #1**

10 **Post Assessment Writing Prompt**

- 11 **a.** What did you learn from this experience?
- 12 **b.** What types of patients did you encounter?
- 13 **c.** What is your new skill level in understanding patients
14 unlike yourself?
- 15 **d.** What healthcare disparities did you see? How does that
16 make you feel?
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20 **Julia's Post-assessment**

21 From this program, I have learned how to interact and
22 communicate with people outside of my realm of experience.
23 Being able to shadow the community clinics, I have met various
24 types of people that have been able to offer me with a better
25 understanding of how to approach the underserved community.
26 In order to provide good treatment and care to patients, it is all
27 about valuing and developing a healthy respect for the people
28 that you serve. I have also learned that basic health education and
29 disease prevention is fundamental in solving some of the health
30 barriers in patient care. Healthcare costs are not very affordable
31 for the underserved and one of the few simple ways to combat
32 that issue is through education on prevention. We must not only

33 educate children from an early age in our community but it is
34 also even more imperative that their parents are receiving health
35 education so as to provide a home environment that fosters
36 disease and sickness prevention.

37 I encountered patients that were homeless, in poverty,
38 without insurance or Medicaid, drug addicts and many more.
39 Overall, the patients came from backgrounds very different than
40 me. Most live from paycheck to paycheck and rarely have money
41 saved up. One patient would never have money saved because
42 she spent it all on cigarettes and when she finally quit smoking,
43 she was overwhelmed with joy in that it was her first time having
44 money left over for herself. Other patients encountered make just
45 enough money working to support themselves or their family but
46 are not quite eligible to receive Medicaid. I would say that
47 overall, the patients are all very grateful for the care that they
48 receive. Being that they do not have regular visits to see a
49 healthcare provider, they are more appreciative of the treatments
50 that they have and more thankful to the providers and staff.

51 I definitely have an even better understanding of
52 patients unlike myself. While I may never be in their
53 positions, I can better identify with such individuals and
54 reserve my preconceived notions and personal judgments
55 aside. Life events and other unforeseen problems arise in

56 many of the underserved patients, such as loss of job,
57 disability, mental health problems; which make it difficult for
58 them to recuperate from but they do make an attempt to reach
59 out and do their best to sustain themselves and they want
60 others to know that. The socioeconomic differences and
61 inadequate knowledge in preventative health play a major
62 role in healthcare disparities. Patients with low income or
63 without any income at all cannot afford the best treatment
64 plans or medications to take care of their health problems.
65 They are also not as informed on taking preventative
66 measures in regards to their health. There are also a lot of
67 understaffed clinics that provide care for the underserved.
68 Clinic schedules are busy, especially during walk-in days.
69 There are simply not enough healthcare practitioners that are
70 willing to locate themselves to these places to serve these
71 people which causes there to be a shortage of healthcare
72 providers and an overload of patients that need to be seen.
73 Transportation is also concern for patients that visit
74 community health clinics. These patients that need to be
75 treated most often do not have very reliable transportation.
76 Most either walk or ride their bikes to the clinics. Within the
77 homeless population especially, it can also be difficult to

78 reach such patients and to schedule appointments if they do
79 not have a phone.

80 In regards to dentistry, there is also a general fear that
81 grows within the community of seeing a dentist. Dental phobia is
82 common because a lot of the underserved community has never
83 had the experience with a gentle dentist and they have not had
84 opportunity to be treated properly. Negative experiences hinder
85 patients in developing a trusting relationship with the dentist.
86 This impedes the ability for oral health disease to improve within
87 the community of the underserved. It is unfortunate that these
88 healthcare disparities exist however if we can provide more
89 emphasis on health education and disease prevention, that may
90 help ease the situation. Implementing major public transportation
91 routes to the community clinics will also help more individuals
92 get access to care and lastly, finding more providers to aid the
93 shortage of those treating the underserved will also increase the
94 amount of people in the community that have better access to
95 care. If young healthcare professionals are able to have as much
96 exposure to the health disparities setting, this will allow for a
97 greater understanding of community and patient needs and allow
98 for an increase of healthcare professionals to serve those that are
99 in much need of healthcare assistance.

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