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Critical Reflections in Learning About Homelessness in Health Professions Education: Insights into Vulnerability, Institutional Fragmentation, and Structural Inequities

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Team

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Background

Image : ChatGPT, mars 2026

Elevated hospitalization rates, longer hospital stays, and nearly double the cost of care compared to the national average, alongside pervasive stigma within health systems

Rationale

- Experiential, community-based service learning is emerging as a promising approach for advancing social justice and equity in future health providers;
- Health professions education remains largely hospital-based, limiting exposure to unmet community health and social needs;
- The role of community-based service learning in fostering critical reflection on the lived realities of homelessness, and its potential to advance equity-oriented education, remains largely unexplored.

Canadian Institute for Health Information. (2024). *Hospital data sheds light on patients experiencing homelessness*. Retrieved June 11 from https://www.cihi.ca/en/hospital-data-sheds-light-on-patients-experiencing-homelessness
Omerov, P., et al., *Homeless persons' experiences of health-and social care: A systematic integrative review.* Health & social care in the community, 2020. **28**(1): p. 1-11.

Research Questions

1. What are health professions students' experiences of 'critically reflective learning' through an educational intervention involving: a) a 9-week placement in a homeless shelter, and b) reflective writing about critical incidents during community-based service learning?

2. What critically reflective insights do students gain from these experiences (i.e. about systemic barriers, student assumptions, and the potential for transformative learning)?

Theoretical Perspectives

Critical Reflection

- Analyzing and challenging one's (often taken-for granted) assumptions, values, and actions
- Examining the personal, interpersonal, and systemic influences that shape one's thinking and practices

Transformative Learning Theory

"The process by which individuals critically examine their assumptions, beliefs, values, and feelings in order to "critically reflect on self and society, especially in relation to questions of power and privilege … to act for social justice."(Finnegan, 2023, p. 126)

Brookfield, S. D. (2000). The concept of critically reflective practice. *Handbook of adult and continuing education, 33-49.*
Brookfield, S. (2009). The concept of critical reflection: promises and contradictions. *European Journal of Social Work, 12(3), 293-304. https://doi.org/10.1080/13691450902945215*
Mezirow, J. (1991). Transformative dimensions of adult learning (First, Ser. The jossey-bass higher and adult education series). Jossey-Bass.
Finnegan, F. (2023). A many-splendored thing? Transformative learning for social justice. New Directions for Adult and Continuing Education, 2023(177), 119-133.

Methodology: Critical Qualitative Collective Case Study

10 Masters-level nursing students enrolled in a community health practicum

Two written critical incident reflections - submitted online

Semi-structured interviews – post-placement in homeless shelter

Thematic analysis – identify patterns and themes across participants' accounts to examine how students engage in critical reflection

Merriam, S. B. (1998). Qualitative research and case study applications in education (Second edition ed.). Jossey-Bass Publishers.
Stake, R. E. (1995). The art of case study research. Sage Publications.

Shifting the gaze toward social and structural inequities

- Interpersonal roots of inequity observed through the lived consequences of bias and discrimination within health care encounters
- Power relations and structural barriers, including language barriers and shelter policies that shaped access, autonomy, and care

Image : ChatGPT, mars 2026

Shifting the gaze toward social and structural inequities

“But for example, even if you if say if you access an appointment for a class you get the client, the RAMQ [health] card, you get the client an appointment - but the only equipment you can get for them is late enough in the afternoon that it means that the client doesn't get a bed if they go to the like, if they leave the shelter, they go to the appointment and they can't get back home in time by curfew, which means that they don't get a bed that night, that kind of thing. Like even though their system like there's, there's always something like you can get you know three steps forward and then you take one big step back because then the client's unwilling to kind of sacrifice their bed in order to go to an appointment that's far away.”

Image : ChatGPT, mars 2026

Image : ChatGPT, mars 2026

Adapting approaches to care in the context of extreme vulnerability

- Confronting emotional, ethical, and moral complexities in clinical care
- Orienting care to people's goals, priorities, and everyday realities

Image : ChatGPT, mars 2026

Adapting approaches to care in the context of extreme vulnerability

"In general I think the experience reinforced how difficult it is to work in this type of setting emotionally. Also just on a shift to shift basis like you feel like you're almost making progress. Yeah, I learned, I guess, that you feel like it's really true. Like when you feel like you're making progress with a certain client or something the next day, they could literally just be MIA, they could not be at the shelter, they may not want to be, they could be at a different one."

Cultivating compassion and a humanized approach to care

- Recognition of life trajectories and personal stories
- Meeting people where they are and building a relationship of trust

Image : ChatGPT, mars 2026

Image : ChatGPT, mars 2026

Cultivating compassion and a humanized approach to care

“You really need to create a good relationship with them, a trusting relationship. They need to know that you're there to help them and not harm them. It's very they're a lot of my patients had like you know, past traumas and issues with abandonment so like it was, it becomes so obvious to them when you're there for them and when you're when you're not there for them, and they can pick up on that really easily. So you need to really be cognizant of that. Like what are your own, you know, values and why are you there and that sort of thing.”

Image : ChatGPT, mars 2026

Recognizing fragmented care and service misalignment in low resource settings

- Coordination, navigation, and advocacy as essential responses to fragmented care
- Scope-of-practice constraints in community settings, including inability to order diagnostics, prescribe medications, or initiate formal follow-up despite identified needs

Image : ChatGPT, mars 2026

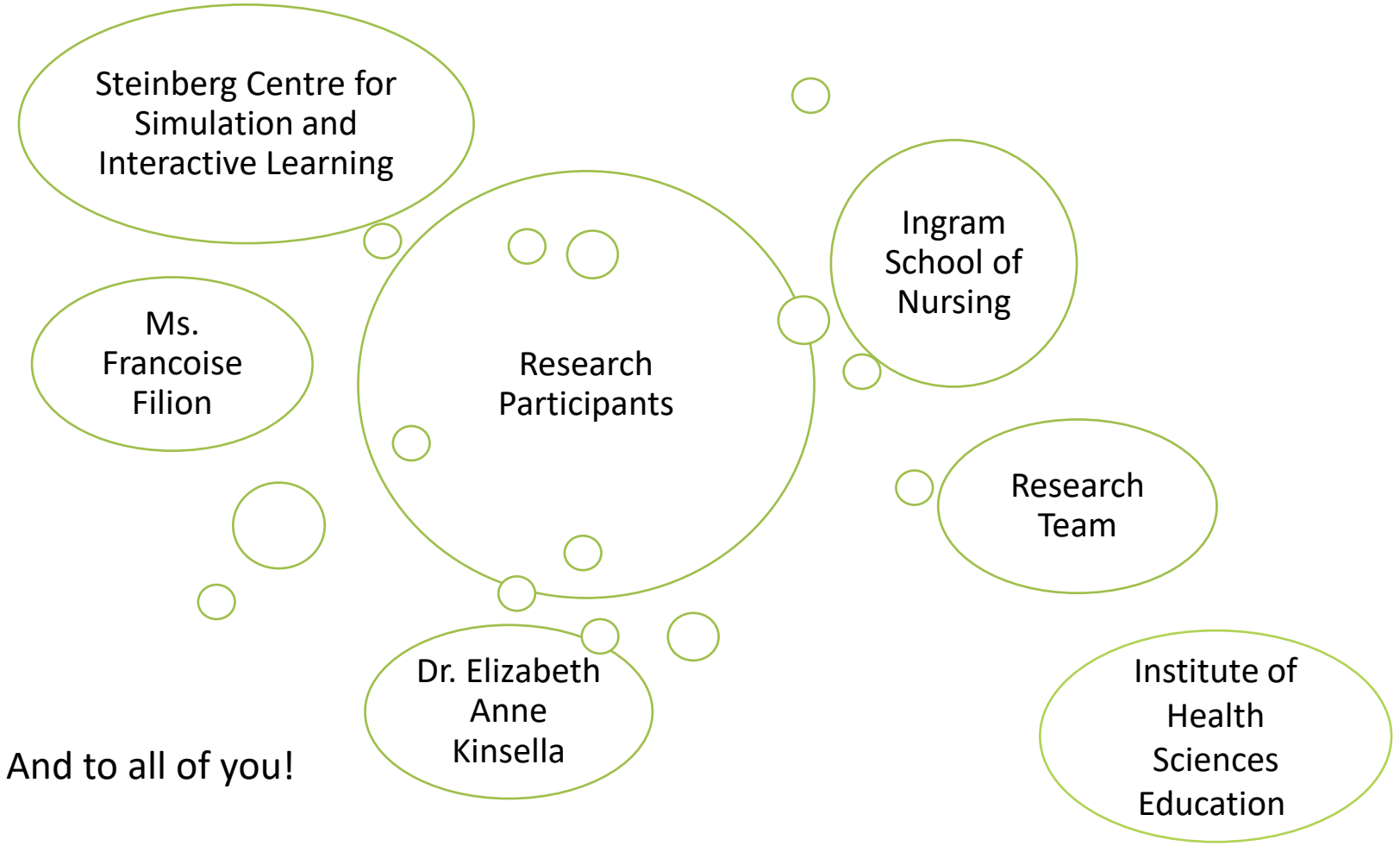
Recognizing fragmented care and service misalignment in low resource settings

“I think I found it tough being like providing care but only up to like a certain level. It feels almost bad placing us here to do kind of half the work where I felt like if things were better organized and we could, let's say, like give Tylenol or like give polysporin for wounds, like fully help them, I feel like it would have had a bigger impact. So I felt in terms of like morally challenging, just like walking away and being like, I feel like I did half my job.”

Implications

- Critical reflection in shelter-based learning offers promise in revealing unique insights into how systems, policies, institutional practices, and professional boundaries shape experiences of care, service access, and exclusion
- Critically reflective learning appears to be shaped not simply by exposure to vulnerable populations, but by the social, institutional, and structural contexts in which that exposure occurs
- Further research is needed to examine how learning experiences can be appropriately structured to support critically reflective learning, while optimizing benefits for both learners and the populations served

Thank you



And to all of you!

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Questions?