

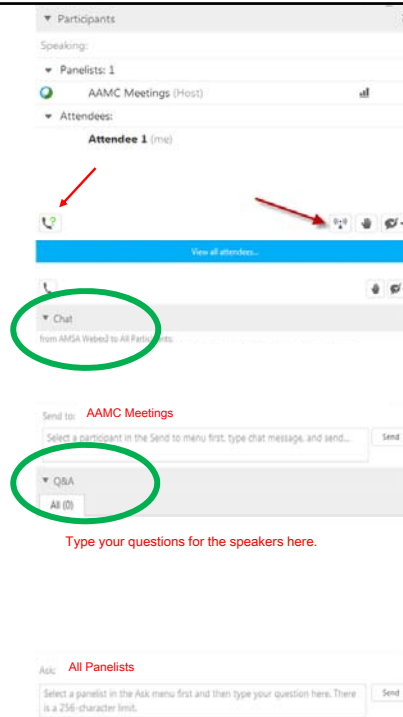


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Teaching Population Health through Student-Run Clinics

December 13, 2016
2:30 – 4:00 p.m. ET



Learn
Serve
Lead



Association of
American Medical Colleges

Welcome & Introductions: Malika Fair, M.D., M.P.H.



- Senior Director, Health Equity Partnerships and Programs, AAMC
- Assistant Clinical Professor, Department of Emergency Medicine, The George Washington School of Medicine and Health Sciences
- M.D., University of Michigan Medical School
- Emergency Medicine Residency, Carolinas Medical Center



Public Health Initiatives at AAMC

- *Diversity Policy and Programs* promotes, advances, and drives diversity and inclusion along the medical education continuum with work in three portfolios:
 - Human Capital
 - Organizational Capacity Building
 - **Public Health Initiatives**
- Improving the integration of public health concepts into medical education and seeking to enhance and expand a diverse and culturally prepared health workforce.



AAMC-CDC Cooperative Agreement

- CDC awarded the AAMC and three other national academic associations funds to:
 - Support enhanced teaching of concepts of population health
 - Provide practical, hands-on experience at the community level for public health, medical, and nursing students.
- Visit www.aamc.org/cdc for more information.



Moderator: Nicholas Fiebach, M.D. Columbia University College of Physicians and Surgeons



- Professor of Medicine and Vice Chair for Graduate and CME, CUMC Dept. of Medicine
- M.D., New York University School of Medicine
- IM Residency, University of Colorado, Denver
- Fellowship in general IM and Clinical Epidemiology, Brigham and Women's Hospital/HMS
- National Health Service Corps alumnus



Background

- 75% of medical schools have student-run clinics (Smith, et al., JAMA 2014)
- 73% of medical students have participated in student-run clinics (AAMC Graduation Questionnaire 2016)
- Student-run clinics typically provide care to underserved and vulnerable populations in local communities
- Student-run clinics also provide opportunities for learning about medical humanism, cultural awareness, community advocacy and interprofessional collaboration



Panelist: Ellen Beck, M.D. University of California, San Diego (UCSD) School of Medicine



- Clinical Professor, Dept. of Family Medicine and Public Health
- Director, Medical Student Education for the Division of Family Medicine, UCSD School of Medicine
- Director and Co-Founder, UCSD Student-Run Free Clinic Project
- Director, Fellowship and National Faculty Development Program, *Addressing the Health Needs of the Underserved*
- M.D. and Family Medicine Residency, McGill University



UC San Diego Student-Run Free Clinic Project

- Founded in 1997
- Mission:
In partnership with the community, our mission is to provide free, respectful, empowering, high quality health care with the underserved while inspiring the next generation of health professionals.



Free Clinic Philosophy

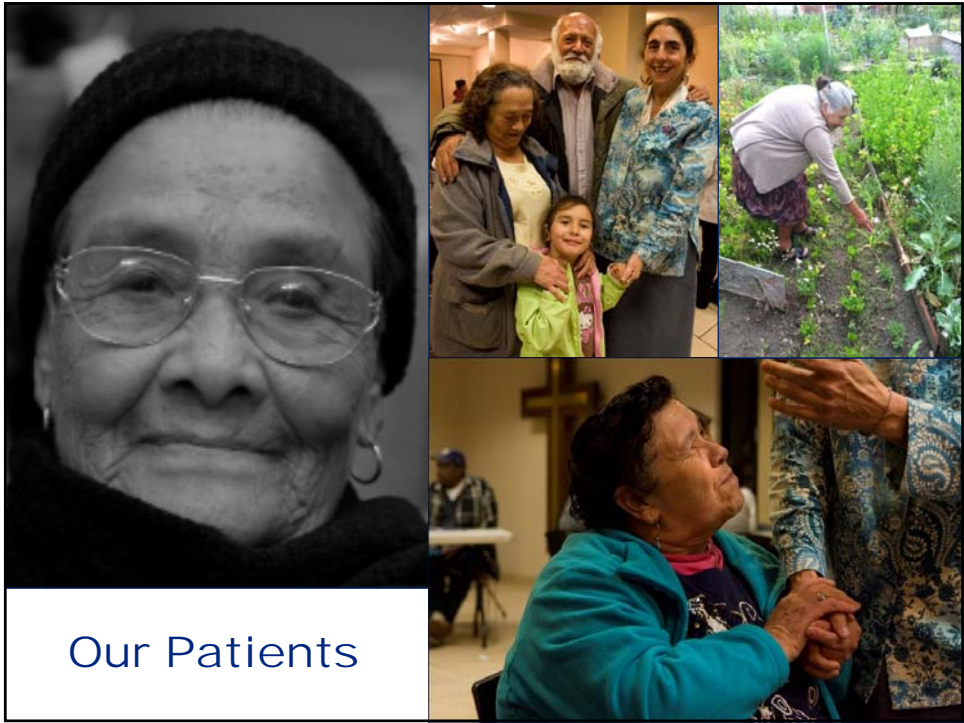
- Empowerment
 - Humanistic Approach
 - Transdisciplinary Model
 - Community as Teacher
- Taught, practiced, modeled, expected
 - Students present it at announcements (circle) at the beginning of each clinic session





Our Partners: Long-standing, Trusted Community Partners







A Transdisciplinary Model



Curriculum

- First Year
 - Elective required for all students participating in the SRFC
 - Community Advocacy – Free Clinic I
 - Eight Didactic Sessions, Reflection Activities
 - Four Clinical and one Social Determinants session
 - 95% of first year class
 - Outcomes: Pre-Post, Knowledge, Attitudes, and Interest in Primary Care
- First and Second Year
 - Free Clinic II
 - 70% of first/second year class, may be taken each quarter
 - Two Didactic/Reflection Sessions
 - Students each select a managerial role and are involved with continuity of care
- New Course: Chronic Disease Management
- Summer between first and second year, students work on clinic infrastructure



Curriculum (cont'd.)

Third Year

- Continuity Primary Care Site, two-week selective in Underserved Health Care

Fourth Year

- Underserved Medicine Clerkship/Family Medicine Clerkship
- First years are paired with fourth years to see patients
- Fulfills a graduation requirement
- 70% of fourth year class
- Reflection on Socialization Process
- Set Four Goals: Primary Care, Teaching, Underserved, and Personal and Professional Growth
- Outcomes: Qualitative Study, Compassion, and Competence



Sources of Support

- Institution: increasing amounts over the last 20 years, now 20% of budget
- Federal grants
- Foundation and donor support
- Student pledge
- Gala
- Huge in-kind: donated space, services, time, supplies



Faculty

- Funded faculty all were student free clinic leaders, and completed our Fellowship in Underserved Health Care
- Voluntary clinician supervisors are all appointed as UCSD Voluntary faculty:
 - Primary care physicians, dentists, specialists, nurse practitioners, pharmacists, acupuncturists
- Many of our current voluntary faculty were students with us:
 - Dermatology attending, orthopedic attending, family medicine attendings, neurology attending, etc.
- All care is directly supervised by volunteer or salaried faculty





Ripple Effect

National Faculty Development Programs

- Addressing the Health Needs of the Underserved
- Addressing the Oral Health Needs of the Underserved
- 200 medical school faculty & 51 dental school faculty
- Three weeks over a year, and follow-up program

Outcomes

- Pre-Post change significant across many parameters
- National community
- 20 new student-run free clinic projects from Hawaii to Harvard, Mississippi to The Mayo Clinic

Ripple Effect

- National Society of SRFC's, Faculty Network
- Public Schools: Middle School Curriculum
- Not the first free clinic...but we took the show on the road





Learnings

- Long-term trust relationships, with community partners, professional partners, patients, students, institutions, all!
- Patients First: high quality care one person at a time
- Person-centered model, including clinician self-awareness
- Promotores: Wise community members who are 'trust bridges' to the community and teach the students
- Start small, make it good, aim high, expect much
- Underserved health care, not poverty or charity medicine
- Provide care to those who fall through the cracks, otherwise help them achieve access to care through case management



Learnings (cont'd.)

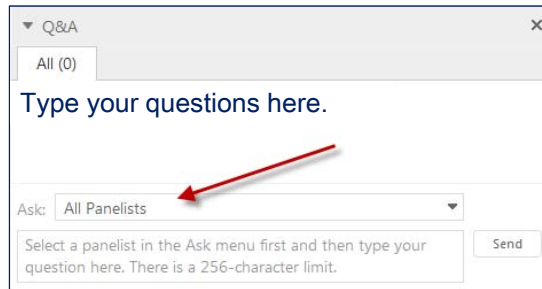
- Social determinants of health model/history
- True access to a humanistic empowering transdisciplinary model
- Create a curriculum with a philosophy of care and teach and expect
- Sense of ownership
- See the patient and community as teachers
- Address patient fears, especially in these uncertain times, and let them know we are not going away, and that we are there for them
- Gandhi, Marley, Rumi, King, Buehning, Aristotle, Huerta, Hillel Rule



Thank you!



Q&A Session



Q&A

All (0)

Type your questions here.

Ask: All Panelists

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Moderator:
Nicholas Fiebach, M.D.
Columbia University College
of Physicians and Surgeons

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Panelist: Anna Headly, M.D., M.F.A. Cooper Medical School at Rowan University (CMSRU)



- Associate Professor at CMSRU
- Founding Director of the CMSRU Ambulatory Clerkship and Cooper Rowan Clinic
- Founding Program Director for the Cooper IM Residency Primary Care Track
- M.D., University of Michigan
- Residency and Fellowship in general IM at the Hospital of the University of Pennsylvania



Panelist: Behjath Jafry, M.D.
Cooper Medical School at Rowan
University (CMSRU)



- Assistant Professor of Medicine, CMSRU
- Director of the CMSRU Ambulatory Clerkship and Cooper Rowan Clinic
- M.D., Robert Wood Johnson Medical School
- IM Residency, Cooper University Hospital



Cooper Medical School of Rowan
University

- First class entered 2011
- CMSRU Core Competency #8: Health Partnership
 - Students will demonstrate the ability to deliver high-quality, comprehensive, cost-effective, coordinated ambulatory care and community-oriented health education to underserved urban and rural populations



An Ambulatory Clerkship Incorporating CMSRU's Mission

- All students, M1-M3 years
- Direct patient care of current free clinic (former UMDNJ clinical campus)
- Half-day every week all year
- Including >12 pharmacy students per class
- Including didactics



Transition from Student-run Clinic to Required Clerkship

- Continued health system agreement to cover most testing and some subspecialty care
- Assigning specific patients to specific students for ownership
- Former school's M4 students mentored in first semester
- Maintaining student control as much as possible: input from former and new students



Required Curricular Elements Related to Public Health

- Direct patient care
- Interactive teaching sessions
- Service learning
- Experiences at local pharmacies, Planned Parenthood, others



CMSRU motto: "Camden is our Classroom"

- Students exposed to public health in an organic, non-formal way via direct patient care
- Assistance in multiple barriers to care and in applying for charity care and/or insurance
- Following in hospital, to subspecialty visits, etc.



Interprofessional Education

- Greater knowledge of the big picture of health care when pharmacy students and faculty are deeply integrated into clinic
- Pharmacy faculty critical to the establishment of the course



Service Learning

- Minimum of 40 hours/year
- Engage with community through:
 - Education
 - Mentorship
 - Nutrition
 - Fitness
 - Patient support
 - Community development
- Augmented and tracked by reflection essays and small group discussions



Challenge: Achieving on a Shoestring

- Using existing clinic after-hours
- Student-led teams (team captains)
- Undergraduate student volunteers (mainly pre-med)
- Faculty are paid, but volunteer faculty fill in



Challenge: Clinic Administration/ Front Desk

- In the beginning was staffed 100% by students; not feasible once numbers grew
- Patient service representative provided by the institution
- Undergrads volunteer for front desk and interpreting
- Medical students not assigned to clinic receive service learning credit for administrative work



Challenge: Adapting to Changes

- Rolling with leadership changes, curriculum changes, growing class sizes
- Maintaining strict focus on two main objectives above all else:
 - Education
 - Patient care



Challenge: Evaluation

- Pass/fail
- In-clinic real-time checklist evaluations by faculty
- Peer evaluations
- Away rotation evaluations
- Service Learning logs



Challenge: Space

- Away rotations to specialties and other environments
- Creative scheduling
- Teams of M1, M2, M3
- Constant negotiation with administration for clinic space

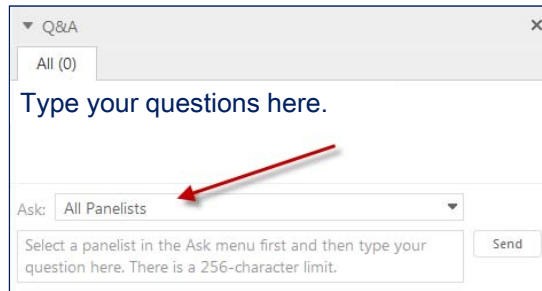


Pearls

- Focus on the goal before the plan
- Focus on the plan before the syllabus
- Keep the clinic as student-run as possible
- As long as there's patient ownership by students, they will learn



Q&A Session



Q&A

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Closing Remarks



Malika Fair, M.D., M.P.H.
Senior Director, Health Equity Partnerships and Programs
Association of American Medical Colleges



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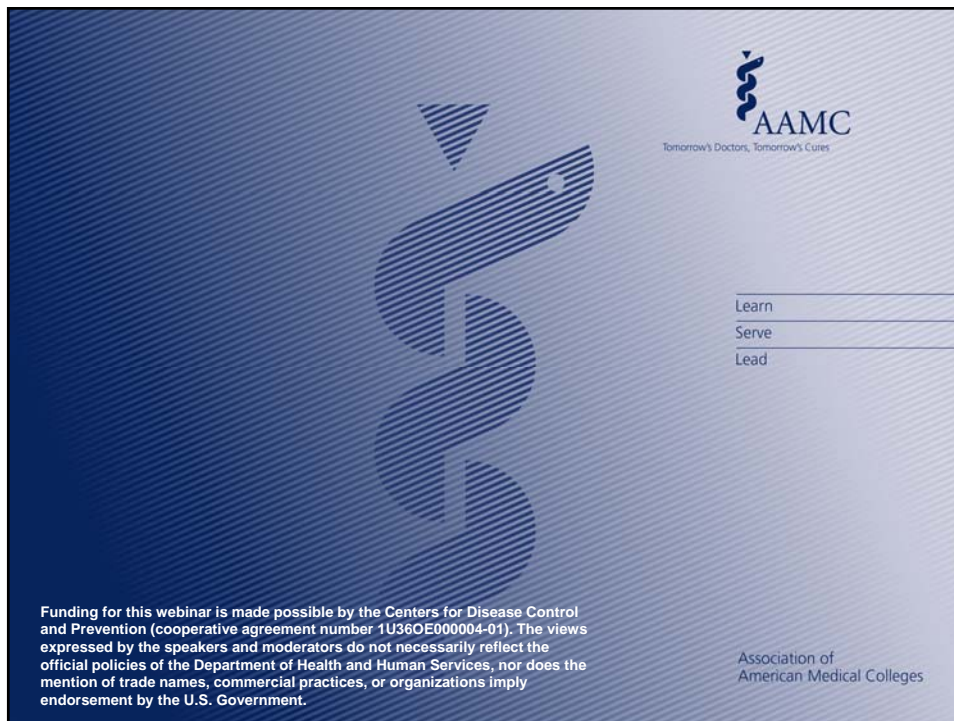
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- ✓ Medical/Graduate Students
- ✓ Residents/Postdocs
- ✓ Early Career Physicians & Scientists

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