

Medical students get first-hand experience with underserved patients

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Medical schools are finding effective ways to embed students into their communities to care for underserved patients and gain hands-on experience that could change both how and where they ultimately practice medicine. See how some students and schools are making a difference.

The immersions into the clinics and greater community are part of the schools' work with the AMA's Accelerating Change in Medical Education Consortium. The consortium, working to modernize and reshape the way physicians are trained, brings leaders from schools together to share ideas and experiences with new programs that are designed to improve competency, leadership and patient care through innovations that bridge the curriculum gap between medical school and practice.

Students and faculty from the consortium schools are coming together today and tomorrow at University of California, Davis, School of Medicine for a meeting on Health Equity and Community-based Learning to share their experiences and gain insights from experts that they can put into practice throughout their careers.

Working with medically underserved in Texas

University of Texas Rio Grande Valley School of Medicine opened its doors to its first students this summer, and they soon will deploy into communities throughout the medically underserved Lower Rio Grande Valley.

The students started the year studying biochemistry and clinical skills. In about six weeks, they will select or be assigned to a family medicine clinic in the *colonias*. These impoverished rural settlements are in unincorporated areas along the U.S.-Mexico border, where most residents were born in the U.S. and are under 18. The population is indigenous to the valley and typical of other underserved patient groups in the area.

Students will conduct exams and practice their clinical skills as they assume the care of a family with their preceptor. In addition, they will work with a team that provides integrated care to connect patients with behavior health and other resources.

“They are not just starting early; they are starting in a unique environment,” said Francisco Fernandez, MD, founding dean of the Rio Grande Valley School of Medicine. “It will help students better understand the needs of their patients in their environments.”

And the hope is that the students who come into medical school with high altruistic values and a desire to advocate for patients will keep those feelings going forward, Dr. Fernandez said. Often those two things decline by the time medical students are in their third year, he said.

“The students are where they can do the most good. They are able to look and see the impact they are having on patients,” he said. “I think that will stay with them.”

Embedding in urban and rural community health centers

A.T. Still University School of Osteopathic Medicine in Arizona opened in 2007. Working in partnership with the National Association of Community Health Centers, it pioneered a total immersion training model, in which students are embedded in 12 urban and rural community health centers during their second, third and fourth years of medical school.

“It is combining public health and primary care,” said Joy H. Lewis, DO, PhD, chair of ATSU SOMA’s Department of Public Health and director of public health and practice-based research. “Students have the benefit of living in the community and working with providers dedicated to serving underserved patients and whole communities.”

Dr. Lewis said students gain confidence early on in interviewing patients. In the community setting, students then become adept at exploring people’s stories a little deeper, and they learn to evaluate and address the social determinants of health. For example, students learn to ask patients questions, such as who helps them look after their children or why they are not taking their medication as directed.

“In community health centers, students can work with patients to find the resources they need, such as connecting them with a free exercise program at the community recreation center or a farmers market,” Dr. Lewis said.

Students also have a chance to develop and complete a community-oriented primary care project. By being embedded in the community, students figure out what the needs are, evaluate those needs and develop a strategy to implement change. The teams compete for the privilege of presenting their

community project results at a national conference of community health centers.

And when students graduate, Dr. Lewis said, they express interest in primary care, community service, community health and continuing to work in underserved areas.

Hands-on experience in New York FQHCs

Students at Sophie Davis Program in Biomedical Education/CUNY School of Medicine enter a seven-year BS/MD program that prepares students to become primary care physicians in medically underserved areas. The school has partnered with numerous federally qualified health centers (FQHC) in New York City, and students are embedded in the health centers for three years, beginning in the third year of the seven-year program.

During the third year, students shadow their physician preceptors and develop their clinical history-taking skills. They also learn about team-based care in an FQHC and rotate with nurses, dieticians and social workers to learn about how each professional contributes to patient care. The medical students are trained as health coaches, and they begin to meet with patients in that role, helping them identify health-related behavioral changes, such as exercise and diet changes. They follow up with those patients longitudinally.

Students return to the same FQHC during the next two years of their longitudinal clinical experience and assist with value-added tasks, such as medication reconciliation and developing and disseminating patient education tools.

“We hope that the biggest benefit for students in this experience will be the opportunity to understand deeply how FQHCs currently address the health needs of communities, to recognize the value of team-based care and other innovations in primary care delivery, and to be inspired to choose careers in primary care in underserved areas,” said Rosa Lee, MD, assistant dean for clinical science curriculum and associate medical professor in the Department of Medical Education.

Third-year students last year were the first to take part in the new curriculum. Preliminary feedback is that they enjoyed the experience and appreciated the introduction to team-based care in an FQHC.

“The students ... are looking forward to returning to the clinical sites, especially as they gain more knowledge and skills to participate more fully in clinical activities at these health centers,” Dr. Lee said.

Interested in more med ed innovations?

These schools aren't the only ones with innovative programs that embed medical students into patient care in their communities.

Consortium founding members University of California, Davis, School of Medicine; Penn State College of Medicine; and Vanderbilt University School of Medicine, along with Morehouse School of Medicine, which joined the consortium in January, also have programs aimed at placing students in underserved communities so they can help patients and gain experience in the community.

You can read more about consortium work in these articles:

- Review 9 med ed challenges educators and consortium members want to solve right now.
- Learn how educators are creating the impossible for future physician training.
- Discover the current projects the consortium's 11 founding members have underway.