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Medical education

Ambulatory care elective in a resource-poor community

by Matthew Fitz, MD

There is an increasing need to train our undergraduate medical students to recognize the disparities that pervade our health care system. Many schools have recently adopted cultural competence curricula in an effort to address this need. This addition to the curriculum helps medical schools meet the new planning directives from the Liaison Committee on Medical Education for the competency it calls Social and Community Context of Health Care. As early as 2004, Loyola Stritch School of Medicine, in Maywood, Illinois, began addressing this competency with some distinctive components designed to provide students with both a far-sighted perspective on their role as future physicians and a specific skill set to deliver quality care to underserved populations.

An elective within the internal medicine clerkship allows interested students to pursue a 3-month-long ambulatory clinical experience in a resource-poor setting. While this opportunity is voluntary, approximately one-third of the students choose this clinical experience. Although many schools encourage or require their students to rotate through a clinic in a disenfranchised community, our elective is unique in several ways.

In parallel with the clinical experience, students participate in formal small group, case-based seminars facilitated by faculty and additional health care personnel on topics salient to the underserved community. These topics include but are not limited to access to care, pharmaceutical access, immigration policy, and stereotype and bias. Students are engaged in discussions that place health care and delivery in the context of economics, healthy policy and social justice. Thus, while cultural sensitivity is being addressed, it is only one part of a much larger perspective on the stressors this community experiences.

Secondly, this elective utilizes the talents and interests of faculty from both allopathic and osteopathic schools in the greater Chicago area and is not limited to the faculty at Stritch. This model allows for the exchange of ideas and information across institutions and specialties and limits the demands on any one faculty member. Many schools have not formalized the timing of the curricula that address the underserved and their access to care, but Loyola has been able to maintain a

schedule that allows other faculty members and outside educators to consistently contribute their various perspectives to this third-year learning experience.

Lastly, because we are attempting to train future physicians to be able to meet the needs of their many patients who will not have resources, this elective emphasizes both student and patient outcomes. Students' ability to uncover and address the needs of their patients is measured by standardized patient exercises at the end of the clerkship as well as by following end-point goals for patients during their longitudinal clinic experience. Students who complete this elective are measured against control groups (their peers) using standardized patient evaluations. Specific health outcomes, e.g., hemoglobin A1C and blood pressure, are measured in patients seen by students and compared to those outcomes in patients seen during the same period by resident physicians who work in the same resource-poor setting.

While numerous schools value placing students in resource-poor communities chiefly as a means to recruit them for future employment in those communities, this elective hopes to identify whether a formal training program helps students develop a skill set that enables them to better address their patients' needs.

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