PREPARING STUDENTS FOR CAREERS IN UNDERSERVED SETTINGS: AN EDUCATIONAL MODEL

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Learning Objectives

1. Identify determinants that influence PA graduates’ careers in underserved settings.
2. Recognize barriers to healthcare practice associated with diverse underserved settings.
3. Describe how an academic program could incorporate student training in three underserved settings into their curriculum.
Background:
Physician Assistant Program at TUN

Mission Statement

The Master of Physician Assistant Studies Program is committed to the education of highly qualified and compassionate Physician Assistants. As a part of the health care team, you will become more responsive to the developing health needs of your communities as culturally competent clinicians, educators, facilitators, and leaders.

- 2-year program
- Emphasis on service to community
Who Serves the Underserved?

Intention to serve

Experience

Attitude

Volunteering

Self-efficacy

Sociodemographic characteristics
“I intend to be involved in providing health care to homeless persons during my professional career.”

PA, OT, PT Students (n=146) at Matriculation

- Strongly agree
- Agree
- Neither disagree nor agree
- Disagree
- Strongly disagree
Changes in Attitude Toward the Underserved During Program of Study

in response to curriculum that incorporates education about homeless health care and pertinent clinical experiences

+1.5% (Habibian et al., 2010)
-2.1% (Masson & Lester, 2003)
+9% (Asgary et al., 2016)
+14% (Buchanan et al., 2004)
<table>
<thead>
<tr>
<th>Community Emphasis Model</th>
<th>Didactic Year 1</th>
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<tbody>
<tr>
<td>Course: <em>Medical Management of Vulnerable and Underserved</em></td>
<td>Experiential learning opportunities</td>
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<tr>
<td>International clinical rotation</td>
<td>Community Medicine clinical rotation</td>
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</tbody>
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Clinical Year 2
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<thead>
<tr>
<th>Training sites</th>
<th>Community</th>
<th>International</th>
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<tbody>
<tr>
<td></td>
<td>*Mobile Health Clinic</td>
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<td></td>
<td>*Student Clinic at VMSN</td>
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<tr>
<td></td>
<td>*Homeless shelter</td>
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<tr>
<td></td>
<td>*Rural sites</td>
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<td></td>
<td>*Peru</td>
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<td>*Guatemala</td>
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<td>*Cambodia</td>
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<td>*Nepal</td>
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Medical Management of Vulnerable and Underserved

Didactic year
Session 1

TOPICS:

- Health disparity
- Social Determinants of Health
- Intricacies of providing healthcare to underserved populations
- Cultural literacy
- Communication and counseling techniques
"This course teaches us humanity and humbleness that is really crucial as a health provider."

"I think it is very important to become a well-rounded provider and I am very glad that Touro has courses like these to make us a better provider and person overall. Doing the assignments and projects really helped me understand the struggles of different populations which is an important asset to have in the long run."

- "I appreciated how she brought community stakeholders from different organizations to bring awareness of different issues that Southern Nevada faced. I really enjoyed all the guest speakers and their insight about certain matter."
Breakout - Play spent

http://playspent.org/
“Spent” – Student Reflection

- After playing “Spent” through a few times, I realized how many difficult, **make or break decisions** one has to chose when living a severely low income.
- I was **amazed** to realize how much **emotional stress** can drive you to take up unhealthy habits to alleviate the stress, like smoking and eating unhealthily (which is much cheaper than buying fresh fruits and vegetables) that will last you the month.
- This activity will help me as a physician assistant in better understanding my patients and their financial/personal situations. This reminds me of a quote that I love from the late Robin Williams, “Everyone you meet is **fighting a battle** you know nothing about. Be kind. Always.”
- This exercise was **eye-opening** for me. I initially thought that with good, ethical choices I would be able to make it through the month in the simulator and be well on my way out of poverty. This game proved otherwise.
“Spent” – Student Reflection

• I though this game was an accurate representation of the financial struggles faced by so many people. Through the hard times, people end up experiencing even more struggles that life throws at them with no means to alleviate the situation.

• I feel that it is absolutely necessary as a healthcare provider to put yourself in your patient’s shoes. We need to be understanding and compassionate, instead of impatient and frustrated, when they come in with serious issues that could have been prevented earlier – because they may not have been able to afford to prioritize their health.

• Playing this game and thinking about the situations people get placed in will definitely make me a better suited PA to deal with low-income, underserved patients. While I don’t think I will ever be able to truly understand what it feels like; I do believe I can be more caring and compassionate in these types of situations. I can take the time to really understand this person and hopefully give them the type of care, education, or treatment that will best serve them and their situation.
Urban Outreach

- MHC
- The Shade Tree
- Volunteers in Medicine of Southern Nevada
- Help of Southern Nevada (tunnels)
Mobile Health Clinic
HOMELESSNESS IN NEVADA

7,281

Statewide there are 7,281 individuals who are homeless on any given night.

3rd

Nevada has the 3rd highest rate of total unsheltered homeless individuals in the Nation.

56%

56% are unsheltered, living in places no human should live such as in street encampments, storm drains, cars, or abandoned buildings.
2018 MHC Patients (n=718)

Living Situation (%)

- Homeless on the streets
- Homeless in shelters
- Rent/Own
- Other (with friends/relatives)
Diagnosis Categories*

- Preventive care
- Cognitive/functional impairment
- Cardiometabolic
- Skin problems
- Respiratory
- ENT
- GI & GU
- Allergy
- Dental
- Psychosocial
- Misc
- GI/GU
- Infection

*Patient count
MHC Student Comments

Working with Mobile Health Clinic has been a beneficial way of practicing what we’ve been learning and serving the community at the same time. Serving the homeless population has made me think about different challenges that people have that may affect their health; access to health care, transportation, nutrition, living circumstances, access to hygiene, ability to pay, compliance, and patient education all impact outcomes of patients. Working with underserved and disadvantaged populations had made me consider how as a provider I can adapt to patient circumstances and do what I can to help the patient be healthier and happier.

Through my experiences on the Mobile Health Clinic, I gained perspective on barriers that the underserved face when accessing health care. The underserved population are a rewarding group of patients to serve; they realize that any sort of help is valuable to them. All the resources and services that I learned about during the month will truly make me a better PA going forward. I believe that all providers should be educated about the resources that the community provides to help those who may not know about them.

Working on the mobile health clinic expanded my understanding of the possible options for working with the underserved population in the Las Vegas valley. During my time on the unit, I found that Las Vegas is a massive melting pot for a very eclectic population and there is dyer need for health care providers in the underserved areas. Before PA school, I have always wanted to go on medical missions in third world countries, however, after working with the underserved population in Las Vegas, I found that there are refugees and other individuals in need of health care locally and I don’t need to go abroad to render health care. My experience on the MHC was wonderful and I gained valuable knowledge and experience that will impact my future as a practicing PA.
Help of Southern Nevada – a Community Partner
■ Provides safe shelter to homeless and abused women & children in crisis. Offering life-changing services promoting stability, dignity, and self-reliance.

■ The largest shelter of its kind in the state and is the only 24-hour accessible shelter designed specifically to meet the needs of women and women with children in the region.

■ Noah’s Animal House is a pet sanctuary for shelter residents that allow women to escape abusive situations without leaving behind their pet.
<table>
<thead>
<tr>
<th>TST Clinic Stats 2019 (January – June)</th>
<th>Count</th>
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<tbody>
<tr>
<td>Visits to Walk-In Clinic, weekdays</td>
<td>1,224</td>
</tr>
<tr>
<td>Visits by victims of violence</td>
<td>269</td>
</tr>
<tr>
<td>Visits weekdays for chronic health</td>
<td>190</td>
</tr>
<tr>
<td>Visits weekdays for acute health</td>
<td>933</td>
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Provides health care and support for people without access to health care in Southern Nevada
VMSN was an **amazing experience**. I especially liked the fact that we were paired with a second year student that could help guide us if we forgot to ask a question or needed help with a part of the exam. I am grateful to have had the experience of seeing patients in a clinical setting and having the opportunity to use the skills that I have learned thus far and apply them. I would like to volunteer at VMSN again and have the opportunity to see patients.

I was able to **practice interviewing a patient** and I learned what other pertinent questions to ask after observing the PA19 and supervising PA.

I had a **good experience solidifying skills** I have already learned as well as experiencing new things that are inherent to a PA’s role.

As a student in didactic getting to **put any of my classroom knowledge to use** is a good experience. I am happy with the experience even though it didn’t meet the expectations I had...

It was nice to be able to **apply some of what we are learning in the classroom** and to get an idea of what working in a clinic could be like.

I think **the clinical year PA paired up with a didactic year PA works well**. I enjoyed having the PA faculty as some of our supervising clinicians.

I **loved pairing up with a didactic student to provide care**. It gives each of us an opportunity to work on the skills that we are learning in each phase of school.

I **liked being paired with a clinical year PA** and getting to do the intro, but then stepping back and observing how the rest was handled.
Community Medicine Rotation - Objectives

- Every student will have the opportunity to meaningfully engage with service organizations working with the medically underserved
- Encourage students to reflect on their experience and how they might apply that experience to their future practice
- Reinforce the PA Program’s commitment to service and social responsibility
- Acquaint students with experiences of practicing medicine in environments with limited resources
- Provide students with exposure to populations they may not otherwise see
- Understand barriers underserved communities encounter and how Social Determinants of Health play a role in those barriers
Community Medicine Rotation – Group Project

- allows the student to further enhance their medical knowledge and/or service experience in an area of their choosing. Students work with a community partner to identify a problem and purpose and implement a solution.
Community Medicine - Results

<table>
<thead>
<tr>
<th>N=38</th>
<th>Mean (+/- SD)</th>
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<tr>
<td>Indicate your level of interest (0 to 10) in working with underserved populations</td>
<td>6.74 (1.86)</td>
</tr>
<tr>
<td>Indicate your level of interest (0 to 10) in working in primary care</td>
<td>7.00 (1.79)</td>
</tr>
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</table>
During this month, I have gained knowledge and skills about Community Medicine at a level that:

- Meets my expectations
- Exceeds my expectations
- Below my expectations
Community Medicine - Student Feedback

This community medicine has opened my eyes to working with undeserved communities and learning about the struggles they face such as the inability to access healthcare. This has also changed the way I will approach patients with limited means because if I prescribe a medication that the patient cannot afford, what role did I actually play in helping this patient? I need to be more mindful of the living situation of my patients so that I can make a meaningful impact for their health. I am thankful that I was able to open my perspective during this community rotation and I truly believe it will make me become a better PA.

The Community Medicine rotation was not only beneficial in allowing us to experience serving underserved populations, but also showed us how to best treat these populations.
Barriers and Challenges to Urban Settings and community partnerships

- A time-lag between the verbal agreement and signed memo of understanding could be long.
- First meeting is not a guarantee of a long-term relationship.
- Logistics of implementing services (space limitations to park the unit, security, time constraints, inclement weather)
- Competing interests of community partners (e.g. free care vs. Medicaid) when multiple medical providers are present.
International Rotations

https://www.youtube.com/watch?v=445wP193pJg&feature=youtu.be
“What is your level of interest in serving the underserved?” (n=46)
“This experience will be of value in my own practice.” (n=30)
Students’ Comments

- Incredible experience learning about medical practices and challenges faced in a drastically different culture. I felt my time was well spent and I gained a great appreciation for the health care we have. I also have even more empathy for individuals in adverse situations.

- I liked that I got to see a lot of patients.

- I feel much more confident after this rotation and feel it will help me greatly in my future career.

- The opportunity to rotate between a rural and urban setting was a valuable learning experience to observe the difference in care as well as medical problems.
Rural Rotations

https://www.youtube.com/watch?v=A7fScX_uFUo&feature=youtu.be
Barriers

- Housing
- Cost of housing and travel
- Other?
Practical Implications for Community Building

- Before pursuing partnerships, research potential partners and understand population they serve and the population’s needs.
- Be transparent about services you can provide and your limitations.
- Convey your organization’s mission and goals and ensure your goals align appropriately with the mission and goals of the partner.
- Maintain regular communication.
- Address problems in a timely manner.
- Foster mutual trust and transparency.
- Periodically assess service utilization and re-evaluate the effectiveness of the partnership.
Acknowledgements

- **Oksana Matvienko, Ph.D.**
  Associate Professor, School of Physician Assistant Studies

- **Nancy E. Lee MMSc, PA-C**
  Assistant Professor, School of Physician Assistant Studies

- **Taylor Hough**
  Director of Clinical Education, School of Physician Assistant Studies

- **Phil Tobin, DHSc, PA-C**
  Professor and Director, School of Physician Assistant Studies

- **Amy Stone, PhD**
  Assistant Professor of Microbiology and Immunology
  Dept of Basic Sciences, College of Osteopathic Medicine

- **Terry Ann Else, PhD, MT(AMT), MLT (ASCP)**
  Professor – Microbiology/Immunology, Department of Basic Sciences

- **Karen M. Duus, Ph.D.**
  Associate Professor, Microbiology & Immunology, Biomedical Sciences Department

- **Steven Slivka**
  Communications Coordinator, Touro University Nevada
Questions?