

Care of the Underserved Curriculum Description
Memorial Hospital of South Bend Family Medicine Residency Program

PURPOSE

The Care of the Underserved Curriculum is designed to offer interested residents additional training in and exposure to caring for underserved patients in diverse environments. While the residency clinic at the E. Blair Warner Family Medicine Center offers every resident in our program rich opportunities in this arena, residents in this curriculum will get additional immersion in care of underserved patients through experiences in other outpatient clinics and community organizations intentionally designed to meet the needs of the underserved. Through participating in these different venues of care, residents will gain greater knowledge of health disparities, explore strategies for promoting health equity, and learn best practices for caring effectively for diverse patient populations. Having completed this curriculum, residents will be equipped to understand the unique challenges an underserved patient population faces, the ways an interdisciplinary team can partner with these patients to foster their health, and the opportunities available to advocate for patient needs beyond the exam room.

CARE OF THE UNDERSERVED CURRICULUM SCHEDULE*

| <u>PGY1 – Underserved</u> | <u>Duration</u> |
|-----------------------------------|------------------------|
| Family Medicine Center | 2 half-days/week |
| Internal Medicine | 4.5 blocks |
| Obstetrics | 2 blocks |
| Children’s Hospital | 2.5 blocks |
| Emergency Medicine | 1 block |
| Ortho/Sports Medicine | 1 block |
| Practice Management/Public Health | 1 block |
| FQHC – South Bend | 1 block |

| <u>PGY2 – Underserved</u> | <u>Duration</u> |
|------------------------------------|------------------------|
| Family Medicine Center | 3 half-days/week |
| Internal Medicine | 3 blocks |
| Obstetrics | 1.5 blocks |
| Children’s Hospital | 2 blocks |
| Ambulatory Subspecialty Pediatrics | 1 block |
| Gynecology | 1 block |
| Pulmonary /Critical Care Medicine | 0.5 block |
| Cardiology | 1 block |
| General Surgery | 1 block |
| Ambulatory General Pediatrics | 1 block |
| FQHC – Mishawaka* | 1 block |

PGY3 – Underserved

Duration

| | |
|-------------------------------------|------------------|
| Family Medicine Center | 4 half-days/week |
| Internal Medicine, Chief of Service | 1.5 blocks |
| Obstetrics | 1 block |
| Children’s Hospital | 1.5 blocks |
| Musculoskeletal Medicine | 1 block |
| Geriatrics | 1 block |
| Emergency Medicine | 1 block |
| Surgical Subspecialties | 1 block |
| Psychiatry | 1 block |
| Underserved Elective | 1 block |
| Electives | 3 blocks |

*This is the proposed schedule, specifically, pursuing Federally Qualified Health Center (FQHC) – South Bend in year one, FQHC – Mishawaka in year two, and an Underserved Elective in year three. However, in the everchanging landscape of healthcare, we are mindful that care of underserved populations happens in a wide variety of contexts, not just in federally qualified health centers. Consequently, if a resident has a particular career goal in caring for underserved populations that would be better met by pursuing a rotation in a context other than the two local FQHCs, that resident may approach the curriculum director with a proposal for an alternative rotation. If the proposed alternative rotation would still facilitate the resident attaining the competencies outlined for the FQHC rotations below (under “objectives”) *and* would still allow for an intentional immersion in meeting the unique needs of the underserved, the director may allow that alternative rotation to take the place of one FQHC rotation within the Care of the Underserved Curriculum. Some examples of proposed alternative rotations in the past include multiple global health rotations and a rural underserved rotation.

**Residents may elect to pursue two of their three Care of the Underserved Curriculum Rotations in their second year if desired.

***For any resident taking family leave during residency, the Care of the Underserved Curriculum rotation requirements may be shortened given the decrease in elective time available.

Care of the Underserved Curriculum Rotations

FQHC – SOUTH BEND

At the completion of this rotation

The resident will:

- 1) have an understanding of how to effectively care for underserved patients.
- 2) have knowledge and skills needed to practice medicine in an underserved setting.
- 3) have an awareness of the role of medication-assisted treatment for opioid use disorder.
- 4) identify common barriers to care for patients and learn ways to navigate and overcome those barriers in a Federally Qualified Health Center (FQHC).

Objectives

At the completion of this rotation, the resident will have demonstrated to the satisfaction of the preceptor:

- the ability to perform an appropriate history and physical examination in an outpatient setting and to present these findings to another physician in an appropriate manner (PC).

- the ability to interpret appropriate data related to underserved medicine and prioritize cost-effective diagnostic testing, utilization of multidisciplinary resources, and consultations that will change the management of undifferentiated illness (PC).
- an awareness of psychosocial factors and other determinants of health amidst developing and implementing comprehensive plans to maintain and promote health (PC).
- reflective practices that facilitate the creation of an independent learning plan for personal growth and professional development (PBLI).
- compassion, respect and integrity; responsiveness to the needs of patients and society; accountability to patients, society and the profession; a commitment to excellence and ongoing professional development (P).
- sensitivity and responsiveness to a patient's culture, age, gender and disabilities, recognizing personal biases and attempting to proactively minimize communication barriers (ICS).
- the ability to communicate effectively about patient care, learner responsibilities, and feedback with other health professionals as part of a healthcare team (ICS).
- the ability to make appropriate decisions to assure high-quality care in a cost-effective manner, recognizing the opportunities to advance this approach to care through advocacy efforts (SBP).

Implementation

Residents in the Care of the Underserved Curriculum will have early exposure to a care context that is tailored to meeting the needs of underserved patients in their intern year. During this rotation, residents will have extensive opportunities to care for patients with the typical broad range of concerns addressed in any primary care clinic. Additionally, residents will have significant exposure to patients receiving buprenorphine and naltrexone for their opioid use disorder (OUD). They will also experience primary care clinicians managing the infectious diseases that can often occur in tandem with substance use disorder (SUD). Specifically, at this clinic, the family medicine physicians are often the primary clinicians managing their patient's hepatitis C and HIV infections. In addition, several of the physician preceptors at this site of care are graduates of Memorial Family Medicine Residency. In this rotation, residents will see the multitude of ways in which a strong broad-spectrum training can be leveraged into maximizing the care of medically and socially complex patients in the outpatient setting through the experiential learning, role modeling, and one-on-one teaching they receive.

Evaluation

The preceptor will complete an evaluation form at the end of the rotation assessing the resident's success in meeting the rotation objectives as outlined in this curriculum. Residents will specifically be evaluated on the following ACGME Milestones:

- PC-1: Demonstrates Care of the Acutely Ill Patient
- PC-2: Demonstrates Care of the Patient with Chronic Illness
- PC-4: Demonstrates Ongoing Care of Patients with Undifferentiated Signs, Symptoms or Health Concerns
- PBLI-2: Demonstrates Reflective Practice and Commitment to Personal Growth
- PROF-1: Demonstrates Professional Behavior and Ethical Principles
- ICS-1: Demonstrates Effective Patient- and Family-Centered Communication
- SBP-4: Shows an Interest in Advocacy for Patients/Health System

FQHC – MISHAWAKA

At the completion of this rotation

The resident will:

- 1) have an understanding of how to effectively care for underserved patients.
- 2) have knowledge and skills needed to practice medicine in an underserved setting.
- 3) have an awareness of the benefits of practicing within an interdisciplinary team.
- 4) identify common barriers to care for patients and learn ways to navigate and overcome those barriers in a Federally Qualified Health Center (FQHC).

Objectives

At the completion of this rotation, the resident will have demonstrated to the satisfaction of the preceptor:

- the ability to perform an appropriate history and physical examination in an outpatient setting and to present these findings to another physician in an appropriate manner (PC).
- the ability to interpret appropriate data related to underserved medicine and prioritize cost-effective diagnostic testing, utilization of multidisciplinary resources, and consultations that will change the management of undifferentiated illness (PC).
- an awareness of psychosocial factors and other determinants of health amidst developing and implementing comprehensive plans to maintain and promote health (PC).
- reflective practices that facilitate the creation of an independent learning plan for personal growth and professional development (PBLI).
- compassion, respect and integrity; responsiveness to the needs of patients and society; accountability to patients, society and the profession; a commitment to excellence and ongoing professional development (P).
- sensitivity and responsiveness to a patient's culture, age, gender and disabilities, recognizing personal biases and attempting to proactively minimize communication barriers (ICS).
- the ability to communicate effectively about patient care, learner responsibilities, and feedback with other health professionals as part of a healthcare team (ICS).
- the ability to make appropriate decisions to assure high-quality care in a cost-effective manner, recognizing the opportunities to advance this approach to care through advocacy efforts (SBP).

Implementation

Residents in the Care of the Underserved Curriculum will have continual exposure to care contexts that are designed to meet the needs of underserved patients. During the Federally Qualified Health Center (FQHC) – Mishawaka rotation, residents will have extensive opportunities to care for patients with a complex array of underlying medical and psychiatric comorbidities. Further, in addition to working with a physician preceptor, the resident will also have an opportunity to work closely with the clinical pharmacist and behavioral health workers at this FQHC. Specifically, residents will be invited to participate in behavioral health interventions and therapy sessions, having opportunity to directly observe as well as participate in these encounters. Through experiential learning opportunities, one-on-one teaching interactions, and the role modeling of staff, residents will explore the ways in which each member of a strong interdisciplinary team can offer unique support amidst caring for underserved patients.

Evaluation

The preceptor will complete an evaluation form at the end of the rotation assessing the resident's success in meeting the rotation objectives as outlined in this curriculum. Residents will specifically be evaluated on the following ACGME Milestones:

- PC-1: Demonstrates Care of the Acutely Ill Patient
- PC-2: Demonstrates Care of the Patient with Chronic Illness
- PC-4: Demonstrates Ongoing Care of Patients with Undifferentiated Signs, Symptoms or Health Concerns
- PBLI-2: Demonstrates Reflective Practice and Commitment to Personal Growth
- PROF-1: Demonstrates Professional Behavior and Ethical Principles
- ICS-1: Demonstrates Effective Patient- and Family-Centered Communication
- SBP-4: Shows an Interest in Advocacy for Patients/Health System

UNDERSERVED ELECTIVE

At the completion of this rotation

The resident will:

- 1) have an understanding of how to effectively care for underserved patients.
- 2) have knowledge and skills needed to practice medicine in an underserved setting.
- 3) have an awareness of the power in intentionally crafting an independent learning plan for personal growth and professional development.
- 4) identify common barriers to care for patients and learn ways to navigate and overcome those barriers within and outside of an exam room.

Objectives

At the completion of this rotation, the resident will have demonstrated to the satisfaction of the preceptor:

- an awareness of psychosocial factors and other determinants of health amidst developing and implementing comprehensive plans to maintain and promote health (PC).
- reflective practices that facilitate the creation of an independent learning plan for personal growth and professional development (PBLI).
- compassion, respect and integrity; responsiveness to the needs of patients and society; accountability to patients, society and the profession; a commitment to excellence and ongoing professional development (P).
- sensitivity and responsiveness to a patient's culture, age, gender and disabilities, recognizing personal biases and attempting to proactively minimize communication barriers (ICS).
- the ability to communicate effectively about patient care, learner responsibilities, and feedback with other health professionals as part of a healthcare team (ICS).
- the ability to make appropriate decisions to assure high-quality care in a cost-effective manner, recognizing the opportunities to advance this approach to care through advocacy efforts (SBP).

Implementation

In their third year, residents in the Care of the Underserved Curriculum will pursue a one-month experience that allows them to explore a particular aspect of interest in caring for underserved patients. Many residents have used this time to pursue an international rotation in an underserved area of the globe. Several others have spent this month in an underserved care context in the United States where they would like to practice at some point in the future. Lastly, some residents have used this time to expand a particular skill-set of interest or learn more about a particular patient population. A few examples of these types of rotations that residents have pursued recently include a rotation dedicated to better understanding the principles of trauma-informed care and how best to implement those principles in a primary care context, a rotation crafted around better understanding the experiences and health systems in place to care for individuals who are incarcerated, and a rotation designed around acquiring training to care for the unique needs of LBGTQ+ populations. Ultimately, this elective is customized to the unique interests, needs, and goals of the resident. Residents will work closely with faculty to build the learning environment they need to accomplish their goals.

Evaluation

The preceptor will complete an evaluation form at the end of the rotation assessing the resident's success in meeting the rotation objectives as outlined in this curriculum. Residents will specifically be evaluated on the following ACGME Milestones:

- PC-1: Demonstrates Care of the Acutely Ill Patient
- PC-2: Demonstrates Care of the Patient with Chronic Illness
- PC-3: Health Promotion and Wellness
- PBLI-2: Demonstrates Reflective Practice and Commitment to Personal Growth
- PROF-1: Demonstrates Professional Behavior and Ethical Principles
- ICS-1: Demonstrates Effective Patient- and Family-Centered Communication
- SBP-4: Shows an Interest in Advocacy for Patients/Health System

Care of the Underserved Curriculum Longitudinal Experiences

COMMUNITY PROJECTS/EVENTS/AGENCIES

Residents will be exposed to several of the community agencies and events on the below list, but each resident in this curriculum will pick one agency of interest to focus on, spending additional time as a member of the agency's board or as an active volunteer. Some of the organizations our residents have engaged with most recently appear at the top of this list, followed by numerous other agencies that residents could explore.

- Motels4Now
- Food Bank of Northern Indiana

- Jail/Prison/Juvenile Justice Center
- Our Lady of the Road
- AIDS Ministries/AIDSAssist
- Broadway Christian Parish
- Center for the Homeless
- Fundraising/Grant Writing
- Focus Groups on Various Topics
- HabitatforHumanity
- Hannah's House
- Hope Ministries
- Housing Authority
- Legal Aid
- Logan Center (Protective Services Committee)
- Meals on Wheels
- Northern Indiana Maternal and Child Health Network
- Physician of theDay at the Statehouse
- REAL Services
- Transformation Ministries
- Youth Service Bureau

Residents will invest in a project of their choosing that aligns with their interests and the needs of their organization of choice. In their third year, they will present their work on this project at the residency's noon conference and will be invited to consider submitting their work for presentation or publication for a broader audience. Residents may ask any faculty member to be the advisor for this project subject to the availability of the faculty member.

RECENT AND CURRENT PROJECTS

In 2022, Dr. Caitlin (Catie) Casey ('22) championed the founding of the residency clinic (E. Blair Warner) food pantry. A long-held dream of the residency, Dr. Casey utilized her work within the Care of the Underserved Curriculum to build a relationship with the Food Bank of Northern Indiana and start a food pantry at the clinic. Mindful that E. Blair Warner sits within a food desert, this pantry offers a standard set of nonperishable items that can be given to anyone receiving care at the clinic, with the hope of minimizing the impact of food insecurity on our underserved patient population. In 2023, Dr. Deborah (Deb) Pavey ('23) expanded the offerings within the food pantry and made it possible for patients with transportation difficulties to have food from our pantry delivered to their homes. Further, in 2024, the residency began a large renovation to convert part of our space into a teaching kitchen. Currently, Dr. Kristen Wright ('25) and Dr. Gabriela (Gaby) Romo ('25) are working on designing nutrition classes for our patients that we hope to eventually supplement with cooking classes for patients following the completion of the renovation.

Presently, Dr. Victoria (Tori) Drzyzga (who graduated in 2024 and is now pursuing her Health Services Management Fellowship) is working with Motels4Now, a housing-first program created in August 2020 that houses the chronically unsheltered, and has developed Street Medicine South Bend (SMSB), a Street Medicine initiative for the city of South Bend. Working closely with this community partner, other community organizations, and several individuals within Beacon Health System, Dr. Drzyzga wrote a proposal for the initiative and, in conjunction with the residency's leadership, launched Street Medicine South Bend on December 8th, 2022. SMSB offers urgent care services multiple times a month to guests at Motels4Now as well as other unsheltered individuals within the city of South Bend, expanding access to care for this underserved population. In addition to performing on-site diagnostic testing and treatment, SMSB works to connect these patients to long-term primary care and mental health resources. In 2024, SMSB received grant funding to be able to perform point-of-care hepatitis C testing and to incentivize treatment of hepatitis C.

On the whole, the residency has invested over \$20,000 of additional grant money into acquiring supplies for this project. Further, the Beacon Health System Foundation has been invaluable in funding this work. Research is ongoing to assess the impact SMSB has had on emergency department utilization among SMSB patients.

INTENTIONAL MENTORSHIP

While mentorship is offered in numerous rich and varied ways to all Memorial residents, an additional layer of support integrated into the Care of the Underserved Curriculum is biannual vision meetings with the curriculum director. During these one-on-one conversations, residents will be invited to share their feedback on the rotations described above, and time will be set aside to discuss the resident's hopes for the underserved elective and community project. This protected time allows for residents to self-reflect on their goals. Further, it creates opportunity for the director to help facilitate connections with individuals and community resources that can help ensure that the unique goals of each resident are realized within the customizable aspects of the curriculum.

References

- American Academy of Family Physicians. "Medically Underserved Policy." 2020, <https://www.aafp.org/about/policies/all/medically-underserved.html>. Accessed 9 Sept. 2022
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- World Health Organization: Commission on Social Determinants of Health. "Closing the gap in a generation: Health equity through action on the social determinants of health." 2008. http://whqlibdoc.who.int/hq/2008/WHO_IER_CSDH_08.1_eng.pdf. Accessed 9 Sept. 2022.