

Development of a Community- Based Clinical Training Site Addressing the Needs of Latino Immigrants

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Disclosures

- Nothing to Disclose



Objectives

Upon completion of this session, participants should be able to:

1. Have learned from one example of a collaborative opportunity with a community organization to create a clinical training site exposing trainees to health care of a Latino Immigrant population, and identify the potential for the development of a similar opportunity at your institution.
2. Discuss barriers to the development of longitudinal experience addressing the needs of Latino immigrant populations at a community-based organization and apply lessons learned to be better equipped to overcome them.
3. Provide a toolkit for development and evaluation of such a training opportunity to apply to one's own residency.

Why Are We Here?

- Part of a multi-pronged 5-year HRSA grant supporting experiential and didactic learning in care of vulnerable populations and training a more diverse workforce
 - Develop Resident Continuity Clinic at FQHC
 - ***Develop a community based clinical training site addressing the needs of a Latino Immigrant patient population in Philadelphia***
 - Expand training in Refugee health, MCH, & Population Health Management
 - Expand URM recruitment & retention



Outline of Session

- Our Team
- Background
- Our Model
- Evaluation of Curriculum
- Discussion
- Next Steps
- Summary

Our Team



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4th Year Chief/Clinical
Instructor
TJUH DCFM
Puentes de Salud
Preceptor



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PGY - 3
TJUH FM Residency
Puentes de Salud
Resident Volunteer

Dawn Mautner, MD, MS - TJUH DCFM, Former Puentes de Salud Preceptor
R. Patrick McManus Jr, MD - TJUH FM Residency Program Director

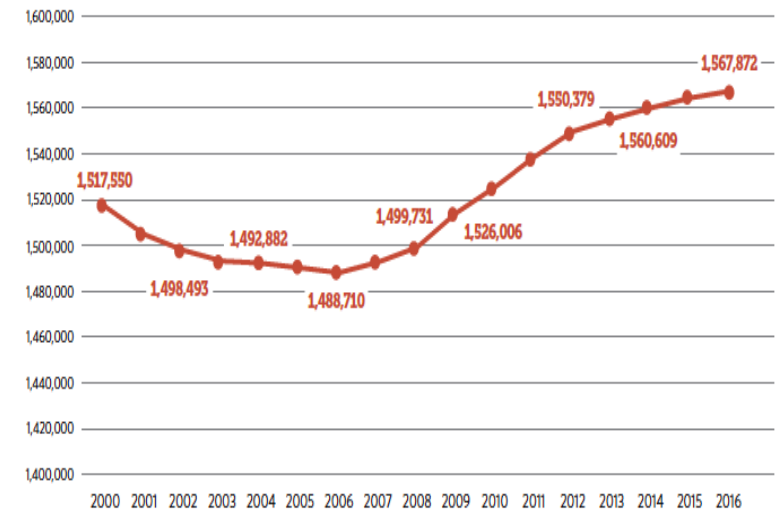
Philadelphia

- Total population: 1.6 million
- In 2015: 14% of the population was Hispanic or Latino (12.3% in 2010)

<https://www.census.gov/quickfacts/table/PST045216/42101>

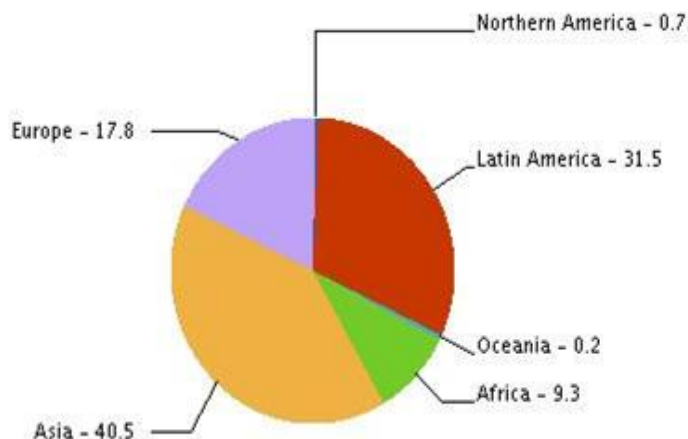


Philadelphia Population, 2000-16



2017 Pew Charitable Trust

Region of Birth for the Foreign Born Population in Philadelphia County, Pennsylvania in 2011-2015



American Community Survey



TABLE 1

	Estimated unauthorized immigrant population in 2014	Unauthorized immigrants' share of total population
New York City	525,000	6.1%
Philadelphia	50,000	3.2%
Boston	35,000	5.5%
Washington	25,000	3.9%
Baltimore	15,000	2.5%
United States	11,100,000	3.5%

Note: The margin of error is plus or minus 30,000 people for New York City, 10,000 for Philadelphia, 10,000 for Boston, 5,000 for Washington, 5,000 for Baltimore, and 170,000 for the United States.

Source: Pew Research Center estimates, based on augmented 2014 American Community Survey (IPUMS), consistent with estimates published in Passel and Cohn (2016, 2017)

<http://www.pewtrusts.org/en/research-and-analysis/analysis/2017/02/15/unauthorized-immigrants-in-philadelphia>



Jefferson Family Medicine Associates (JFMA)

- Practice at urban academic center
- One the largest family medicine outpatient practices in the country, with a volume of over 70,000 patient visits per year.
- Among JFMA patients:
 - 57% are African American
 - 32% Caucasian
 - **5% Hispanic**
 - 1% Asian
 - 5% Other/unknown/not reported/declined

Puentes de Salud “Bridges of Health”

- Founded in 2006
- 501(c)3 Nonprofit organization
- Public and Private funding
- Multidisciplinary approach - partnership between many professions and organizations
 - Promotoras de Salud (Community Health Workers)





HRSA Grant

- **Project Title: Expanding Programs Addressing New Demographic Shifts in Underserved Populations (ExPANDS-UP)**
- Residency Training in Primary Care
 - Create a Latino Immigrant Health clinical training site collaborating with a community based organization addressing the needs of immigrants.

Cultural Competency Curricula

“A Prescription for Cultural Competence in Medical Education”

“Published research suggests cultural competence may improve physician-patient communication and collaboration, increase patient satisfaction, and enhance adherence, thereby improving clinical outcomes and reducing health disparities.”

Committee for Medical Education and the Accreditation Council for Graduate Medical Education emphasize training in cultural competency:

- 1. Teach Practical Skills**
2. Use Interactive Educational Methods
- 3. Provide Direct Faculty Observation and Feedback**
- 4. Discuss Cultural Competence Through Clinical Education**
- 5. Get Buy-in From the Top**
6. Promote Cultural Diversity Among Medical Students and All Levels of the Medical School Faculty
7. Involve an “Opinion Leader” as the Physician Champion
8. Develop a Cadre of Dedicated Faculty
- 9. Make it a “Real Science”**

Model



Residents are invited to participate

- Orientation (started July 2016)
- Volunteer primarily on Monday evenings (same night as Faculty member)
- Can volunteer when on outpatient rotations & create longitudinal electives
- Lectures are offered
- Work as a part of interdisciplinary team
- Medical student teaching





Faculty Role

- Supervise Residents & Medical Students
- Provide direct clinical observational feedback
- Coordinate Didactic teaching
- Teach culturally and linguistically appropriate services (CLAS)
- Help with providing complex care in resource-limited setting
- Encourage use of Biopsychosocial Model
- Institutional Liaison for Puentes
- Faculty Advisor for Student Group at Jefferson

Curricular Lectures

- Goal for ~4hr/year
- Both at Puentes de Salud and TJUH
- Some topics covered over the years have touched on:
 - health equity and access to care
 - mental health and stigma in Latino immigrant populations
 - violence against immigrant women
 - building community partnerships



Dr. Steve Larson, MD
March 30, 2017



Evaluation of Curriculum

Why?

- Desire to enhance current opportunity
- Promote sustainability of experience within residency curriculum

How?

- Surveys of participants
- Assessment of Resident Participation
- Review of Resident experiences via *Encounter Tracking Database*

ACGME Family Medicine Subcompetencies

Patient Care

- PC-1. Cares for Acutely Ill or Injured Patients in Urgent and Emergent Situations and in All Settings
- PC-2. Cares for Patients With Chronic Conditions
- PC-3. Partners With the Patient, Family, and Community to Improve Health Through Disease Prevention and Health Promotion
- PC-4. Partners With the Patient to Address Issues of Ongoing Signs, Symptoms, or Health Concerns That Remain Over Time Without Clear Diagnosis Despite Evaluation and Treatment, in a Patient-Centered, Cost-Effective Manner
- PC-5. Performs Specialty-Appropriate Procedures to Meet the Health Care Needs of Individual Patients, Families, and Communities, and Is Knowledgeable About Procedures Performed by Other Specialists to Guide Their Patients' Care



Medical Knowledge (MK)

- MK-1. Demonstrates MK of Sufficient Breadth and Depth to Practice Family Medicine
- MK-2. Applies Critical Thinking Skills in Patient Care



Systems-Based Practice (SBP)

- SBP-1. Provides Cost-Conscious Medical Care\
- SBP-2. Emphasizes Patient Safety
- SBP-3. Is an Advocate for Individual and Community Health
- SBP-4. Coordinates Team-Based Care



Practice-Based Learning and Improvement (PBLI)

- PBLI-1. Locates, Appraises, and Assimilates Evidence From Scientific Studies Related to the Patients' Health Problems
- PBLI-2. Demonstrates Self-Directed Learning
- PBLI-3. Improves Systems in Which the Physician Provides Care



Professionalism (PROF)

- PROF-1. Completes the Process of Professionalization
- PROF-2. Demonstrates Professional Conduct and Accountability
- PROF-3. Demonstrates Humanism and Cultural Proficiency
- PROF-4. Maintains Emotional, Physical, and Mental Health, and Pursues Continual Personal and Professional Growth



Interpersonal and Communication Skills (C)

- C-1. Develops Meaningful, Therapeutic Relationships With Patients and Families
- C-2. Communicates Effectively With Patients, Families, and the Public
- C-3. Develops Relationships and Effectively Communicates With Physicians, Other Health Professionals, and Health Care Teams
- C-4. Uses Technology to Optimize Communication



Review of Resident experiences via Encounter tracking database

Categories of diagnosis encounters between 7/23/2014 - 04/17/2017

- Wellness/Physical
- General
- Eye
- Ear
- Nose
- Oral/throat
- Cardiovascular
- Pulmonary
- Chest/Breast
- Gastrointestinal/Hepatic/Biliary
- Skin/Nail/Hair Complaint
- Musculoskeletal Complaint
- Genitourinary Complaint (male and female)
- Psychiatric
- Neurologic
- Rheumatologic
- Endocrinopathies
- Immunologic
- Hematologic
- Infectious
- Trauma
- Other

<https://docs.google.com/document/d/1HJxJcgQWICnN8Gqh7AbVSmXxRenD0JoG4I-jpxkAMjo/edit?usp=sharing>



Survey

- Institutional IRB Approved
- Capture data from residents, graduates and preceptors
- Both closed and open ended responses

QUESTIONS

RESPONSES

Resident Survey (Puentes de Salud)

We are conducting a research study to evaluate the effectiveness of the Jefferson Family Medicine Puentes de Salud collaborative training opportunity you have participated in. We hope to gain feedback on participant's clinical and didactic experiences, subjective strengths and challenges of the opportunity, and overall satisfaction with participation in the curriculum.

By agreeing to participate, you will be asked to complete a brief survey providing your thoughts on this training opportunity. Your participation will advance our understanding of the perceived weaknesses and identify targeted areas for improvement.

Your participation in this study is entirely voluntary and you may decide that you do not want to participate. If you agree to participate, please complete the survey below. Your name will remain strictly confidential and will not appear in any published materials which result from this research.

Thank you for your help!

Current PGY Year?

- PGY 1
- PGY 2
- PGY3

QUESTIONS

RESPONSES

Graduate Survey

We are conducting a research study to evaluate the effectiveness of the Jefferson Family Medicine Puentes de Salud collaborative training opportunity you have participated in. We hope to gain feedback on participant's clinical and didactic experiences, subjective strengths and challenges of the opportunity, and overall satisfaction with participation in the curriculum.

By agreeing to participate, you will be asked to complete a brief survey providing your thoughts on this training opportunity. Your participation will advance our understanding of the perceived weaknesses and identify targeted areas for improvement.

Your participation in this study is entirely voluntary and you may decide that you do not want to participate. If you agree to participate, please complete the survey below. Your name will remain strictly confidential and will not appear in any published materials which result from this research.

Thank you for your help!

Residency Graduation Year: *

☐ 2011
☐ 2012
☐ 2013
☐ 2014
☐ 2015

QUESTIONS

RESPONSES

Preceptor Survey

We are conducting a research study to evaluate the effectiveness of the Jefferson Family Medicine Residency and Puentes de Salud collaborative training opportunity you have participated in. We hope to gain feedback on participant's clinical and didactic experiences, subjective strengths and challenges of the opportunity, and overall satisfaction with participation in the curriculum.

By agreeing to participate, you will be asked to complete a brief survey providing your thoughts on this training opportunity. Your participation will advance our understanding of the perceived weaknesses of the curriculum and identify targeted areas for improvement.

Your participation in this study is entirely voluntary and you may decide that you do not want to participate. If you agree to participate, please complete the survey below. Your name will remain strictly confidential and will not appear in any published materials which result from this research.

Thank you for your help!

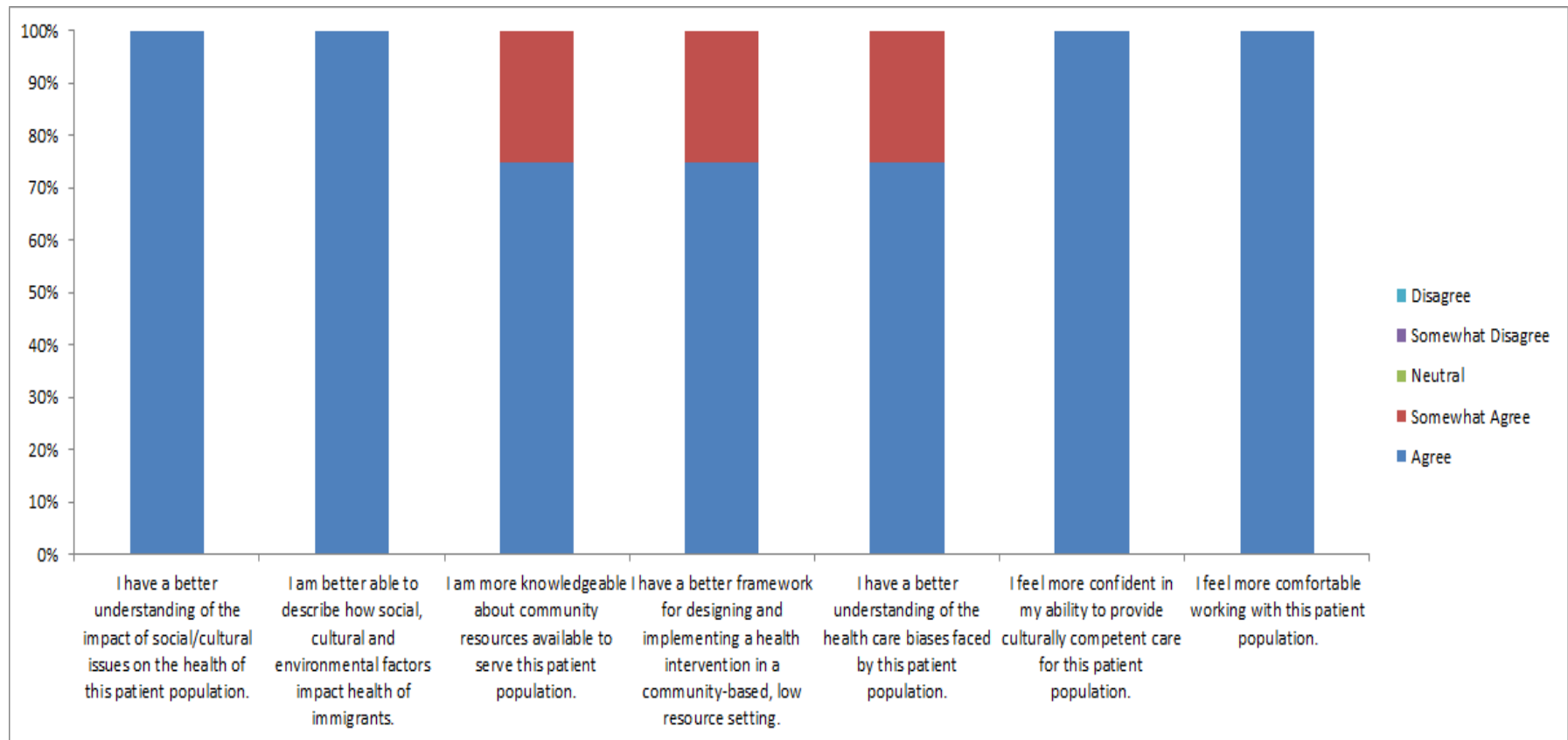
Year you participated at Puentes de Salud as Faculty: (select one or more) *

☐ 2011-2012
☐ 2012-2013
☐ 2013-2014
☐ 2014-2015
☐ 2015-2016

Participant's Background Pre-Exposure Skill Set

	Current Residents	Graduates	Preceptors
Hispanic	25%	0%	0%
Spanish Fluency	Beginner – 50% Intermediate – 25% Advanced – 25%	Beginner – 50% Intermediate 50% Advanced – 50%	Beginner – 33% Intermediate – 33% Advanced – 33%
Prior Exposure to Patient Population	Never – 0% Rarely – 25% Occasionally – 25% Moderate – 25% A Great Deal – 25%	Never – 0% Rarely – 25% Occasionally – 50% Moderate – 25% A Great Deal – 0%	Never – 33% Rarely – 0 % Occasionally – 33% Moderate – 0% A Great Deal – 33%

Resident Perceptions of This Experience



Health Disparities

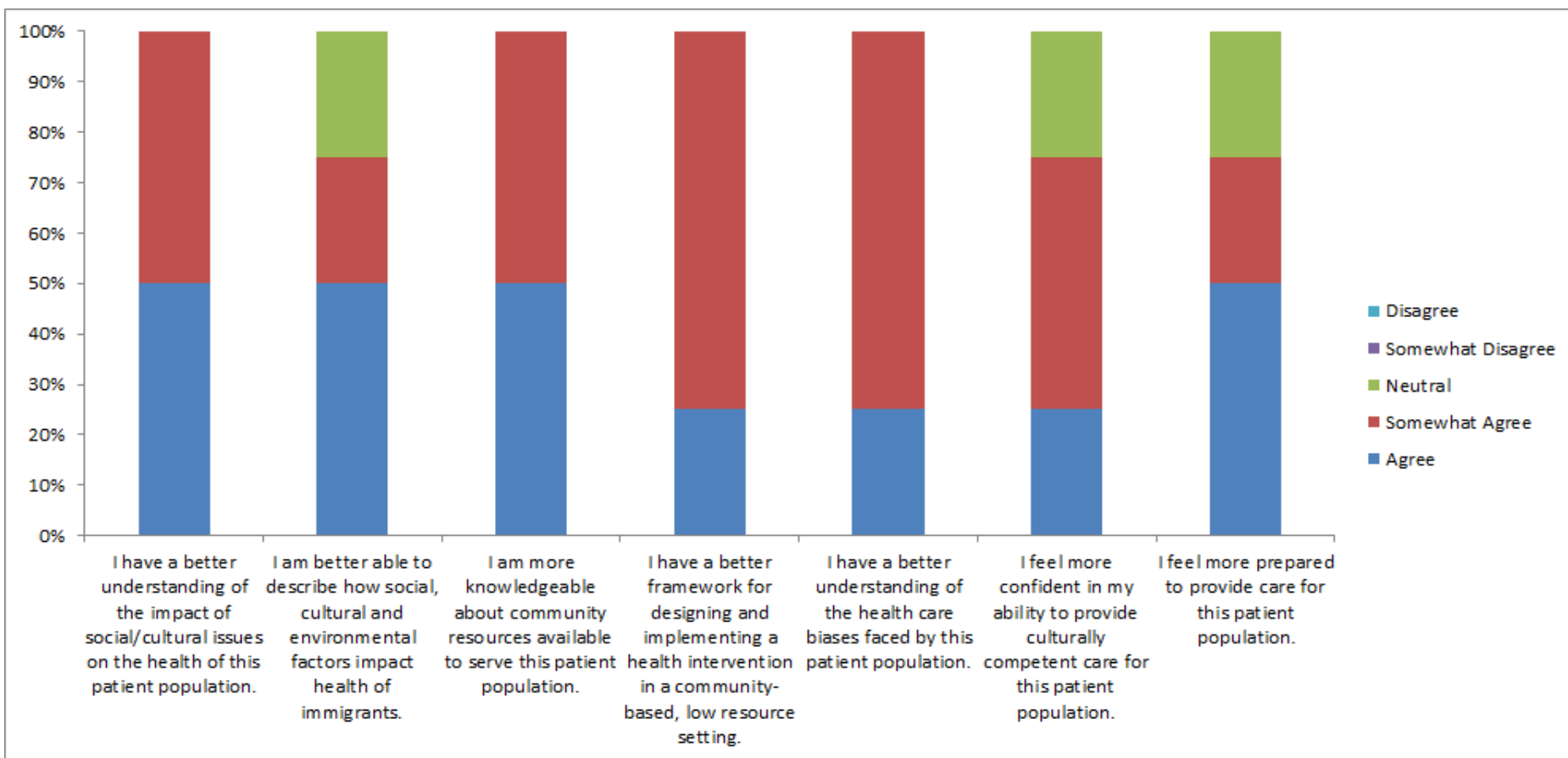
**Community
Strategies**

**Bias /
Stereotype**

**Skills
Learned**

**Self-reflection/
Culture Medicine**

Graduate Perceptions of This Experience



Health Disparities

**Community
Strategies**

**Bias /
Stereotype**

**Skills
Learned**

**Self-reflection/
Culture Medicine**



Expectations	Strengths	Weaknesses	Areas of Improvement
<ul style="list-style-type: none"> • Delivery care in resource limited settings/creative ways for resource allocations • Work with underserved & vulnerable patient population • Work with students • Connect with the community • Connect with individuals in Philadelphia doing this type of work • Gain more experience in caring for the Latino Population • Learn about cultural aspects of this diverse population 	<p>Having a Jefferson Family Medicine Preceptor every week</p> <p>Practicing medicine at a community based organization with a passionate and united group of people</p> <p>Learning to care for one of the most vulnerable patient populations in Philadelphia while understanding the challenges and learning how to deliver effective care in resource limited settings</p> <p>Language Immersion</p>	<p>Wish more residents participate on it</p> <p>Resident schedule limits number of times residents can volunteer at the clinic</p> <p>Lack of a formal orientation</p> <p>Experience limited to Spanish Speakers</p>	<p>Make is a part of the core curriculum so all residents are able to participate</p> <p>Allow time to attend the community programs offered by Puentes</p> <p>Provide historical and social context</p> <p>More days when residents can volunteer</p> <p>More formalize approach to seeing patients and precepting with clinical pearls</p>

Great experience, glad to have it - supplemented my residency training experience to gain a more comprehensive community experience.

“The patient population is wonderful to work with. They have taught me a lot about resilience and cultural competencies.”



Discussion



Next Steps

Short Term

- Orientation
- Non Spanish speakers paired with interpreters
- Teaching pearls & handouts
- Rotation Scheduling
- Resident Recruitment

Long Term

- Continued support of faculty time
- Core Curriculum / Continuity experience for entire residency
- 10 day immersion?
- Routine assessment of curriculum



Tool Kit

- Identify community needs & residency needs
- Establish a relationship with community organization
- Work with leadership in your department to allocate preceptor time at site
- Allow for longitudinal electives or protected time within core curriculum
- Devote didactic time to cultural competency development
- Continuous Quality Improvement Cycles



Summary

- Collaboration between academic and community organization allowed for unique training experience in caring for a Latino Immigrant Population
- Participation in these experiences can help prepare physicians in providing compassionate and high quality care for vulnerable patient populations

Thank You!

- Our Patients @ Puentes
- Puentes Staff
- Faculty Preceptors and Clinical Educators
- Resident Participants
- Student Volunteers
- Language Interpreters
- Community Partners
- TJUH Department of Family & Community Medicine
- HRSA





Questions?






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