Creating a Comprehensive and Integrated Curriculum in HCH for Medical Learners: Challenges, Controversies, and Rewards

National Health Care for the Homeless
Conference and Policy Symposium
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BHCHP
Boston Health Care for the Homeless Program

Workshop Objectives

1. Describe existing resources and methods for educating medical learners about clinical topics and systems-based practices specific to homeless health care
2. Outline the essential components of a curriculum in homeless health care
3. Highlight common challenges in developing a curriculum in homeless health care
4. Discuss the strengths and limitations of a model web-based curriculum in homeless health care

Workshop Structure

- How did we get here?
- How did we do it?
- How does it works?
- How do we evaluate it?
- How can you do this too?

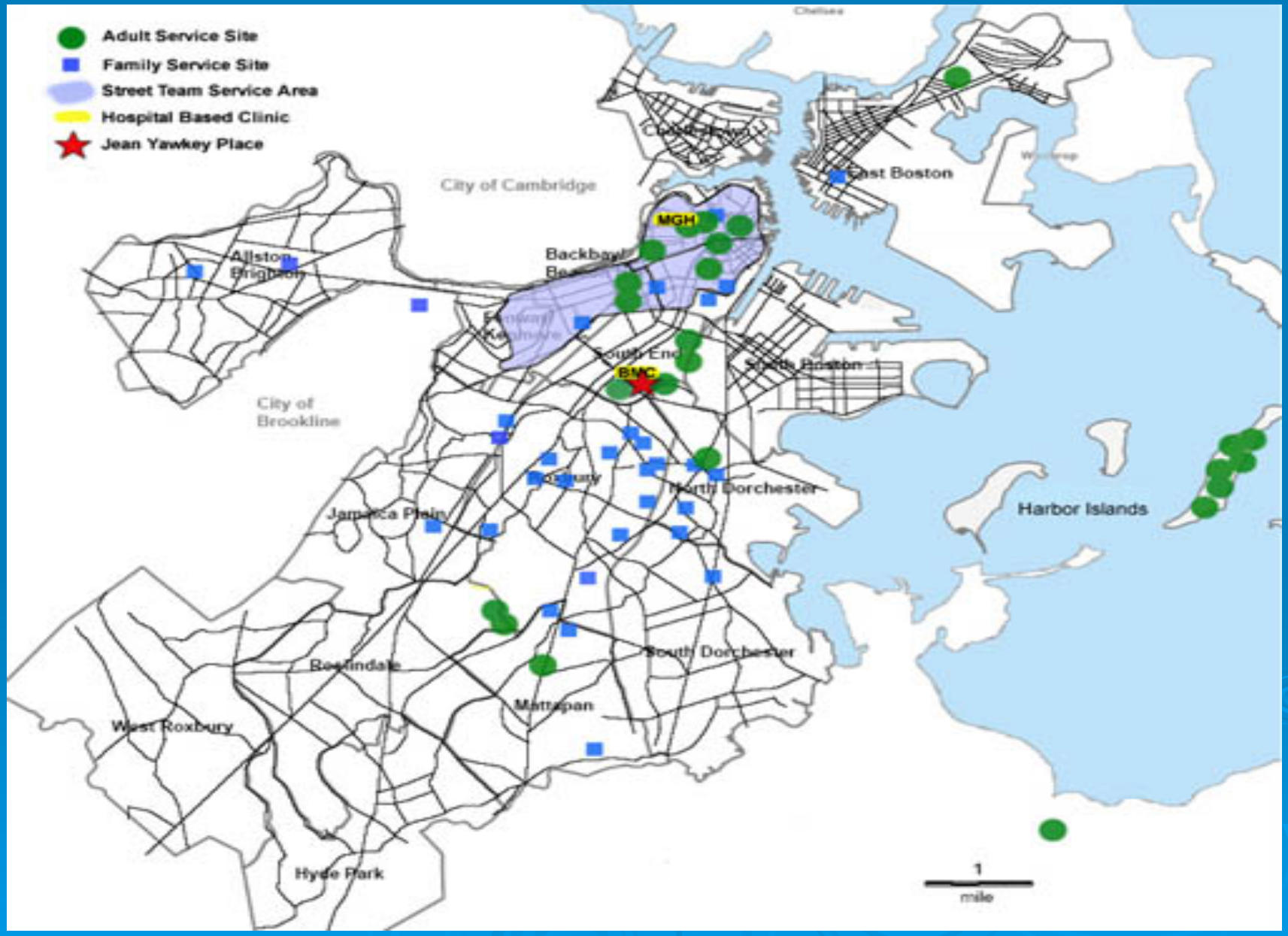
Your Needs and Wishes

Brief History of Medical Education at BHCHP

- 1985
  - Early mandate from the advisory board to prioritize consistency and quality of care provided
  - Justice not charity
  - No medical volunteers; no students or residents
- 1988
  - Community trust established
  - Recognition that homeless patients deserved access to resources and expertise of the academic medical center
  - Paradigm shift; medical students/trainees permitted to shadow clinicians
- 2010
  - >250 medical learners have participated in structured 2 or 4-wk. elective clinical rotations with BHCHP (local, national, international)

Educational Approaches

- Apprenticeship
  - Informal shadowing
- Didactic
  - Lectures
  - Printed materials
- Experiential
  - Supervised/precepted direct care in clinic setting
  - Street outreach


Adult Service Site
Family Service Site
Street Team Service Area
Hospital Based Clinic
Jean Yawkey Place
City of Cambridge
East Boston
MGH
Allston
Brighton
Backbay
South End
BMC
South Boston
City of
Brookline
Roxbury
North Dorchester
Jamaica Plain
Harbor Islands
Roslindale
South Dorchester
Mattapan
West Roxbury
Hyde Park
1
mile

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Rationale for a Homeless Health Care Curriculum

- Variability in learner background
  - Learners at different levels of training
  - +/- experience/comfort with homeless health care
- Variability in learner rotation experience
  - Rotation length
  - Site assignments
- Need for comprehensive teaching resource
- Challenges in measuring whether or not educational goals have been met

Medical learners over the years

- Increasing numbers of learners
- Increasing diversity of experience
- Increasing focus on evidence-based medicine
- Increasing interest in community service learning
- Increasing demands for competency-based education

Existing Clinical Resources

- *The Health Care of Homeless Persons: A Manual of Communicable Diseases & Common Problems in Shelters & on the Streets* (O'Connell, 2004)
- *Clinical Practice Resources (*National Health Care for the Homeless Council, HCH Clinicians' Network)

http://www.bhchp.org/BHCHP%20Manual

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

NETWORK HCH CLINICIANS NETWORK

http://www.nhchc.org/clinicalresources.html

Existing Formalized Curricula

- Print
  - Stroger Hospital of Cook County/Rush University Medical Center (Chicago, IL)
  - UCSF (San Francisco, CA)
  - University of Washington (Seattle, WA)
- Web-based
  - University of Ottawa School of Medicine (Canada)

Development of educational program at BHCHP

- BHCHP considering formal curriculum for many years
- Attempts in early part of 2000 to develop curriculum
- Staff retreat to plan for curriculum development
- Early editing staff volunteered, met and initiated planning for curriculum, but…
- Needed protected time

Curriculum Development Team

- Alison May, MD (Project Manager, co-chief editor)
- Elizabeth Cuevas, MD (co-chief editor)
- Matthew Joslyn, MD (editor and web design)
- Patrick Perri, MD (editor)
- Jessie Gaeta, MD (editor)
- Carol Waldmann, MD (editor)

Process of Curriculum Development

1. Problem Identification and General Needs Assessment
2. Targeted Needs Assessment
3. Goal and Objectives
4. Educational Strategies
5. Implementation
6. Evaluation

Kern DE, et al. Curriculum Development for Med Education, 2009.

1. Problem Identification and General Needs Assessment

- Identify a health care problem that is/will be addressed by your curriculum
- Complete the following table:

	Patients	Health Care Professionals	Medical Educators	Society
Current Approach				
Ideal Approach				

2. Targeted Needs Assessment

- Identify your targeted learners, and explain why this group is appropriate to address the problem identified in Step 1 above.
- How do you plan to learn the specific needs of your targeted group? What resources do you need to do this?

3. Goals and Objectives

- Write a goal for your curriculum
- Write an objective for your curriculum
- Which competency is addressed by this objective?

Goals vs. Objectives

- Goals: broad educational objectives
  - Visionary, lofty, expansive
  - Usually are not measureable
  - Provide overall direction
- Objectives: specific, precise, measurable
  - **Who will do how much/how well by what when?**

Goals

- Broadly advance the quality of health care provided to homeless patients
  - Improve the level of understanding of specific medical problems in homeless patients
  - Model appropriate interactions between medical providers and homeless patients
  - Provide practical information on the treatment of acute and chronic illness in the setting of homelessness

Goals (cont.)

- Improve the experience of medical learners rotating through BHCHP clinical sites
  - Design and write a standard and comprehensive curriculum that provides relevant clinical topics (see outline below for specific topics), case discussions, as well as an overview of each of the BHCHP sites that learners visit
  - Implement the curriculum in a web-based format, accessible to teachers and learners via the internet
  - Formally evaluate the experience of learners with an assessment tool and modify the curriculum to reflect results

Goals (cont.)

- Enhance BHCHP clinical staff fulfillment
  - Set program-wide expectations and supportive aids for teaching that are linked to the online curriculum
  - Make online curriculum available to assist and guide teaching, thereby saving time, improving teaching efficiency, and decreasing redundant teaching
  - Provide cases and references that can be used to stimulate discussion and independent learning

Medical Learner Objectives

By the end of the 2- or 4-week elective rotation, medical learners will be able to:

- Describe the complex role that illness can play in the cause, maintenance, and complication of homelessness
- Recognize presentations of acute and chronic illnesses prevalent in homeless populations and adopt creative, effective treatment strategies
- Identify and overcome systematic barriers to good outcomes through improved communication, advocacy and patient-centered approaches

4. Educational Strategies

- Fill out the following table. Make sure the methods are congruent with the objectives.

	Cognitive (Knowledge)	Affective (Attitudinal)	Psychomotor (Skill/ Performance)
Objective			
Educational Method			

Website Design

Clinical Topics

- Case Presentation
- Epidemiology/Risk Factors
- Presenting Complaints
- Physical Exam Findings
- Differential Diagnosis
- Treatment
- Complications
- Public Health Implications
- Take Home Points
- References

Clinic Sites

- Location/history
- Patient demographics
- Common clinical problems encountered
- Unique features

Recommended Reading

- Annotated bibliography
- Links to external resources

5. Implementation

- Identify 3 resources you will need to implement your curriculum and where/how you plan to obtain support for each one.
- Identify at least one barrier to successful implementation of your curriculum, and how you might handle that barrier.

Implementation

Resource Needed	Support Source
Protected time to write and edit content	Grant – MA League of CHC
Web Page	IT Staff, dedicated team member
Authors, Editors	Staff

A Sample Learner Schedule

	Mon	Tues	Wed	Thurs	Fri
AM	Racetrack	BMC	Respite	SFH	BMC
PM	MGH	Grand Rounds	Kingston House		
Eve				LIS	

Topics

- Care of common chronic conditions in the setting of homelessness
  - Diabetes
  - HIV/AIDS
  - Neuro/Seizure disorders
  - COPD/Asthma
  - Cardiovascular disease
  - Liver disease
  - Chronic pain
  - Traumatic brain injury
  - Pregnancy
  - Accelerated aging
  - Prevention and health maintenance

Topics (cont.)

- Medical disorders that occur with high prevalence in homeless populations
  - Exposure-related conditions (immersion foot, frostbite, hypothermia, hyperthermia)
  - Infestations
  - Podiatry/Foot disorders
  - Trauma (domestic violence, physical violence, structural violence)
  - Dental disease
  - Infestations
  - Issues specific to migrant workers
  - Communicable infections (TB, STDs, pneumonia, cellulitis, viral hepatitis, influenza)

Topics (cont.)

- Socio-political issues affecting homeless people
  - Demographics of homelessness locally and nationally, topology of the homeless, characteristics/ definitions
  - Health disparities (morbidity/mortality, harm reduction)
  - Safety nets
  - National political initiatives to deal with homelessness and history of homelessness policy
  - Legal issues
  - Political initiatives
  - Bioterrorism/Emergency
  - Experience of being homeless

Topics (cont.)

- Mental Health
  - Mood disorders, psychotic disorders, personality disorders, PTSD
  - Dual diagnosis
  - Domestic violence, sexual abuse
  - Trauma
  - Shame

Topics (cont.)

- Substance abuse
  - Overview of SA in homeless populations
  - Alcohol
  - Cocaine
  - Opiates/opioids
  - Methamphetamine
  - Tobacco
  - Marijuana
  - Benzodiazepines
  - Boosters
  - Abusable OTC meds

Topics (cont.)

- Service Delivery
  - Introduction to BHCHP
  - Respite care
  - Post-discharge care from inpatient settings
  - Connection to and engagement of the patient, history taking
  - Barriers to access to health care
  - Palliative care/end of life
  - Morbidity and mortality, health care disparities
  - Effective encounters with challenging patients

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BHCHP

Boston Health Care for the Homeless Program

The Homeless Medicine Curriculum

Welcome to the Boston Health Care for the Homeless Program's Homeless Medicine Web Page

This curriculum was created as an evidence-based supplement to your medical rotation with BHCHP. In this website, you will find:

- Information about the shelters and clinics you will visit
- Medical articles particularly focused on how to care for homeless patients
- Clinical pearls
- Pre- and post-rotation survey to help us better understand your experience and improve the rotation for future students

Our clinic sites are all unique, and there are clinical and other aspects of your rotation experience that will be specific to each site. For this reason, the curriculum is designed to focus your learning depending on your site location.

Before going to a clinic site for a shadowing experience, please:

- Click on that clinic location on this page.
- Review the highlighted site-specific clinical topics prior to your visit.
- Confirm meeting time and place with the clinician that you will be working with prior to your visit (logistical information is included on the clinic location page)

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St. Francis House Clinic

Home

Clinic Sites

Clinical Topics

St. Francis House Clinic
39 Boylston Street, 2nd floor
Boston, MA
(617) 542-4704
Clinic Hours: Monday-Friday 8:30am-4pm

Saint Francis House (SFH) is a day shelter near Downtown Crossing. BHCHP operates a clinic on the second floor of the building, where up to four clinicians are seeing patients at any one time. The clinic is also staffed by a clinic secretary, a medical assistant, and two nurses. Probably the most unique feature of the SFH clinic is the foot treatment room, where up to eight patients at a time are seen for foot care, including foot soaks, skin examination, and nail care.

Aside from the medical clinic, this day shelter offers a litany of services to homeless people. Approximately 450 hot breakfasts and lunches are served each day. There is a mental health clinic that staffs two psychiatrists (one is Spanish-speaking) and several counselors. Guests have access to art therapy, housing assistance, vocational training, and a computer lab. Right outside the clinic is a clothing bank where guests can receive a full set of clothing and where clinic patients can be sent to receive clothing for medical reasons (ie, infestations or to prevent exposure). Guests can take showers during the day as well within SFH. There are two large rooms where people can spend the day indoors, even if they are not participating in a program. The shelter provides a separate women-only space where female guests can feel safe. Finally, two floors of Saint Francis House are used for a transitional housing program, where tenants can live for months at a time.

Key Contacts
Nurse Manager: Cecelia Ibeabuchi, RN
Medical Director: Cathy Pierce, MD

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Podiatric Disease

Home

Clinic Sites

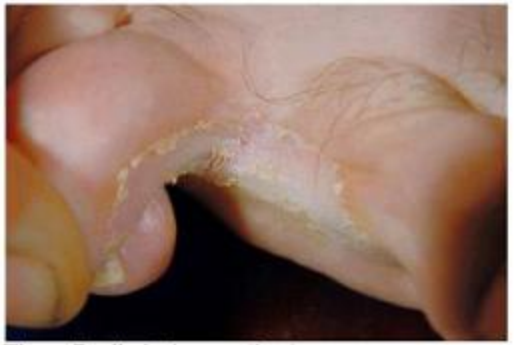
Clinical Topics

Recommended Reading

Podiatric disease: corns/calluses, immersion foot, tinea
Author: Jonathan Rothberg
Updated 10/27/2008

Summary statement

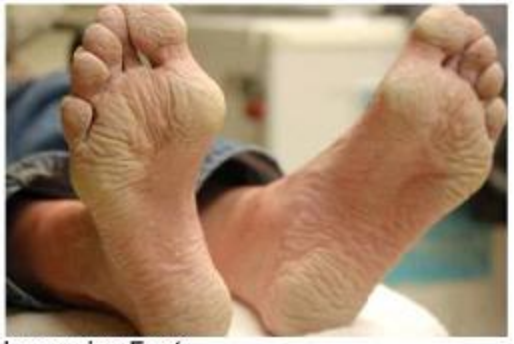
There is a very high incidence of foot disorders in the homeless population. In our clinics at BHCHP 19.9% of the total number of patients seen in 2009 had a foot problem for which they required evaluation. Walking is the primary mode of transportation for a good number of individuals experiencing homelessness. Therefore, foot pathology can have tremendous impact on the ability of homeless individuals to meet their own needs, making it imperative that the feet and proper foot care be addressed regularly during medical visits.


Tinea Pedis between the toes

Specific Clinical Issues in Homeless Populations

Are there risk factors?

Risk factors that predispose patients who lack housing to foot disorders are many. Not surprisingly, predominant among them are social and environmental factors. Homeless individuals often spend their days outside and are exposed to extremes of weather. Without a consistent place to go during the daylight hours, a homeless person often will walk for miles or stand for hours in lines to get a bed or meal. This constant force of gravity on the feet and pressure on the skin will predispose patients to several foot ailments. It can lead to chronic venous stasis and skin breakdown. Patients have limited access to adequately fitting footwear and many times have only one pair of shoes that they can wear regardless of their condition, size, or state of deterioration. Socks may be additionally difficult to acquire, often leading patients to wear an old, torn, or even wet pair. Even if a homeless individual finds a place to sleep for the night, many do not remove their shoes or socks for fear that


Immersion Foot

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to wet and occlusive conditions for prolonged periods of time. It can lead to permanent nerve damage and chronic foot pain.

5. Tinea pedis is another common foot ailment that doctors should monitor for and is easily treated with topical antifungal creams.

References:

1. Wrenn K. Foot Problems in Homeless Persons. Annals Int Med. 1990; 113 (8): 567-8.
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5. CDC Disaster Recovery Fact Sheet: Trench foot or immersion foot. 2005 Sep 8. [cited 2009 October 29] Available from: http://www.bt.cdc.gov/disasters/trenchfoot.asp
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8. Robbins JM, Roth LS, and Villanueva MC. "Stand down for the homeless" Podiatric screening of a homeless population in Cleveland. J Amer Pod Med Assoc. 1996 June; 86(6): 275-279.

Local intranet

6. Evaluation

- Identify up to three evaluation questions that you would like to answer for your curriculum.
- Identify an evaluation method that you would use to answer each question.
- What type of evaluation instrument will you need for each evaluation method above?

Measuring Learning – It's not easy!

- The measurement of clinical skills is not sufficient
- we all intuitively know that the medical learner is benefited by
  - getting to know people who are struggling with homelessness.
  - destigmatizing their perceptions about homeless people and the situation of homelessness
  - understanding the barriers to health in homelessness
  - modeling clinicians experienced in the context
- …it is difficult to measure these benefits

Measuring Learning

- How do we assess effectiveness?
  - Difficult to measure
  - Self-selected group
  - Some evidence on correlating attitude change with change in quality of care

Measurement of Efficacy

- Health Professionals' Attitudes Toward the Homeless Inventory (HPATHI) (Buck et. al, BMC Medical Education, 2005)
- Validated Likert-scale survey instrument
- Nineteen survey questions
  - "Homeless people are victims of circumstance."
  - "I feel overwhelmed by the complexity of the problems that homeless people have."
- Pre- and post-rotation comparative assessment

Survey Instrument

1. Homeless people are victims of circumstance
2. Homeless people have the right to basic health care
3. Homelessness is a major problem in our society.
4. Homeless people choose to be homeless.
5. Homeless people are lazy.
6. Health-care dollars should be directed toward serving the poor and homeless.
7. I am comfortable being a primary care provider for a homeless person with a major mental illness.
8. I feel comfortable being part of a team when providing care to the homeless.
9. I feel comfortable providing care to different minority and cultural groups.
10. I feel overwhelmed by the complexity of the problems that homeless people have.
11. I understand that my patients' priorities may be more important than following my medical recommendations.
12. Doctors should address the physical and social problems of the homeless.
13. I entered medicine because I want to help those in need.
14. I am interested in working with the underserved.
15. I enjoy addressing psychosocial issues with patients.
16. I resent the amount of time it takes to see homeless patients.
17. I enjoy learning about the lives of my homeless patients.
18. I believe social justice is an important part of health care.
19. I believe caring for the homeless is not financially viable for my career

HPATHI

- “…experience with the homeless rather than medical training itself could affect health-care professionals' attitudes toward the homeless.”
  - Personal Advocacy
  - Social Advocacy
  - Cynicism

Future Directions

- Developing further tools of evaluation
- Maintenance of the information
- Making the curriculum more widely available
- Coming together to compile a “Wiki-Homeless” Site with the HCH community

Acknowledgments

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