

## **Evolution of a longitudinal University of Michigan “Health Care for Homeless” curriculum.**

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2018

UMMS Capstone for Impact

Branch: Patients and Populations

### **Project Summary**

I have been working with fellow M4 medical students, Jeremy Balch, Carolyn Levin, Nithin Ravi, Scarlet Woodrick, Regina Royan, and Charlotte Bourdillon, to create a “Health Care for Homeless” longitudinal curriculum for fourth year medical students. Our student group has been working closely with community organizations and other medical schools in SE Michigan. Specifically, we have been working with Street Medicine Detroit and the Wayne State and MSU students involved in Street Medicine Detroit, as well as Washtenaw County organizations such as the Project for Assistance and Transition from Homelessness (PATH), Avalon Housing, and Complex Care Management Program.

The primary goals and mission of this “Health Care for Homeless” Curriculum are to 1. increase access to direct medical and social services for homeless individual of SE Michigan; 2. improve medical student understanding about the health consequences of homelessness in Southeast Michigan as well as the greater United States, and how to best address social determinants of health faced by patients; 3. continue collaboration between WSU, MSU and UM medical schools, as well as organizations in Washtenaw County.

The vision we have for the “Health Care for Homeless” curriculum is that it will be a year-long longitudinal curriculum that is offered to four M4 medical students; this course will be a combination of “street runs” providing medical and/or social services to homeless individuals, didactics, and site visits to Avalon, PATH, etc. Our current medical student group has been dividing to address three main tasks to create this longitudinal course/ curriculum: 1. Clinical experience development; 2. Funding; 3. Curriculum / Didactic development."

### **Action Items/Outcome**

1. Clinical Experience Development: our plan is for the M4 medical students to have opportunities to do “street runs” (providing medical and/or social services and care) in Detroit (with Street Medicine Detroit and WSU medical students), Ann Arbor and Ypsilanti. So far, in Ann Arbor and Ypsilanti, we have created a connection with

PATH and have been providing more social-services oriented “runs”. I have been reaching out to faculty to determine what attending’s might be interested in leading these runs by acting as the staffing attending, supervising and educating the M4 medical student. The other main intention is to use this clinical opportunity as a leadership experience for the M4 medical students, and to involve interested pre-clinical students on street runs.

2. Funding: Jeremy has been doing amazing work submitting grants to a variety of foundations, such as Blue Cross Blue Shield and Ginsberg, and Medicaid Match grant.

3. Curriculum / Didactic Development: Our goal is to create a robust curriculum that will supplement students learning and education that takes place on the street runs. I am part of the “curriculum development-team” and we are currently working to come up a framework for the longitudinal didactic curriculum. The plan is to have students engage together in didactic lectures, monthly journal clubs, as well as reflective sessions where they can simply talk about their experiences while on the street runs, as well as site visits to organizations in SE Michigan. Didactic topics that we believe are important to address include the housing first model; risk management; interconnectedness of substance use disorders, trauma, and homelessness; human trafficking; homelessness among transgender youth & transgender care; ethical issues surrounding homeless care; economic impact of caring for the homeless. Articles, books, and movies may be assigned to read or watch prior to the didactics to enhance discussion surrounding a certain topic. Something I am planning on working on is a trauma-informed care training outline that the medical students participating in this curriculum, whether the M4’s doing it longitudinally, or pre-clinical students just going on one street medicine run, will read or participate in to best prepare them to care for a population that has a tragically high rate of trauma, both childhood adverse experiences as well as current traumatic experiences. "

### **Conclusion/Reflection**

This project has been an incredible learning opportunity for me, and has been such a wonderful experience being able to work with such an outstanding group of medical students at UM, as well as having the opportunity to create connections outside of University of Michigan Medical School, with Street Medicine Detroit, WSU and MSU medical students, as well as community programs in Washtenaw County. I believe this will be a wonderful leadership and learning opportunity for future medical students involved in the curriculum, providing an avenue to further develop passion for social justice and health equity, and providing a forum to improve understanding of social determinants of health and the impact of homelessness on health.