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Bringing the classroom to the streets: A multimodal approach

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What problem was addressed?

People experiencing homelessness have significant unmet healthcare needs and may distrust medical institutions. Given that 3.5 million Americans experience homelessness annually, it is imperative that physicians are trained to provide quality care to this population (1).

There are limited medical school curricula focusing on marginalized populations, and homeless-specific curricula is often clinic-based (1). At our institution, there was no curriculum related specifically to homelessness. Students addressed this gap by adapting an extracurricular program into a street medicine elective for interested clinical students, providing a unique opportunity to teach the social determinants of health.

What was tried?

Our student-driven curriculum combined online and street-based learning to apply concepts in the clinical, societal, and human dimensions of street medicine.

Thirty hours of online modules complemented hands-on learning, providing students with a conceptual framework to understand the root causes of homelessness and the health needs of unsheltered persons.

Street-based learning centered on providing care in non-traditional settings through 'street runs.' Runs were led by a nurse, who acted as a street navigator, and a physician preceptor, who led a team of medical students in mobile outreach. Students learned to meet patients in their environments—under overpasses or in shelters—where they conducted patient interviews, provided wound care, and devised follow-up plans for future encounters. For senior students, learning was consolidated by delivering "car talks," brief lessons on the health needs of unsheltered patients, to their pre-clinical peers while riding in the outreach van.

Teaching compassionate communication was a core component of the elective. Students learned to value rapport-building through provision of food and clothing, referral to community organizations, and harm reduction. Through these experiences, students gained a nuanced

perspective on the interplay between social and medical needs, a better sense of community resources, and a deeper understanding of how people experiencing homelessness navigate this system.

What lessons were learned?

Learner evaluations to create improvement feedback loops are essential. As curricular leaders receive feedback from learners, alterations could be made, such as in response to the COVID-19 pandemic. Future iterations should consider designing additional evaluative methods assessing learners' knowledge acquisition and patients' perceptions of the care received.

The development of protocols directed towards student physical and emotional safety was crucial. Future iterations should include protected time for reflection with faculty to process the injustices witnessed and reduce learner burnout.

We created a space where learners felt empowered to meet their own learning needs by engaging with the curriculum on multiple levels; online, by mentoring peers, shadowing community partners, and participating in street-based learning, which contributed to our success.

Achieving sustainability depends on: 1-developing and maintaining community partnerships, 2-achieving and cultivating institutional and faculty support, and 3-ongoing, structured methods for handing down wisdom from senior to junior curricular leaders.

Medical educators must apply these lessons within the context of their communities, valuing partners and patients on the streets as the best teachers. In taking the classroom to the street, street medicine teaches students to ground care in compassion and social justice by meeting patients where they are, as they are ready.

References:

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