

MED 822: Nevada Community Service 2 (SERV)
Spring 2018

Bridging the Gaps – Wednesdays
10:00 a.m. to 12:00 p.m. or 3:00 to 5:00 p.m.
1001 Shadow Lane & Designated Community Health Sites

Course Chairs:
Laura K. Culley, MD
Samrat Das, MD

Course Description and Learning Objectives:

This course is designed to integrate community health and service learning experiences throughout all four years of UNLV School of Medicine's (UNLV SOM) curriculum. This longitudinal experience progresses throughout the first two (I & II) phases of the curriculum using theoretical concepts taught in interactive classrooms, small group activities and inter-professional group discussions in the company of both professional mentors and peers, as well as presentations given by community agencies and experts who address significant healthcare concerns throughout the valley. Additionally, students partake in required community service activities at a cooperative agency of their choice. The culmination of this course is intended to produce proficient, self-reflective physicians with a keen awareness to their community's health concerns, accountability to patients, and responsible activism in social justice issues that arise in professional, social, and civic undertakings.

This longitudinal experience is split into three (3) courses in order to accommodate the proper integration of medical instruction, account for student competency as skills advance, as well as align with seasonal breaks present in the curriculum's academic year schematic.

- Demonstrate personal accountability, altruism, humanism, self-awareness and humility in the care of patients, self and others.
- Describe the responsibilities, challenges and limitations of volunteer service.
- Develop competency to effectively address the profound impacts of poverty and discrimination on individuals and in population health.
- Foster the knowledge, skills, and attitudes necessary to promote health equity for diverse populations via integrated service learning experiences.
- Acquire an understanding of core financial, legal, structural policies, and regulatory aspects of the U.S. healthcare system and its impact on healthcare delivery.
- Describe leading global health problems, their causes, methods of prevention, and major regulating agencies.
- Develop advocacy knowledge and identify obstacles to care, for patients and systemic changes, directly with community organizations and its members
- Recognize the importance of community service in improving access to services, resources, and education for its inhabitants.
- Advocate for improved public health outcomes through community engagement and the analysis of social determinants of health and disease.

Required and Recommended Textbooks:

Required

- King, T., & Wheeler, M. B., Fernandez, A., Schillinger, D., Bindman, A. B., Grumbach, K., & Villela, T. (2007). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill/Lange.

Course Schedule & Weekly Objectives:

Throughout the duration of this course, each month focuses on different topics designed to increase students' understanding of major population health issues and community problems impacting access to care and quality of health and healthcare in Nevada. These monthly topics include: the importance of community involvement, the role of hospitals, the necessity of medical team collaborations and community health agencies, human trafficking, sexual exploitation, intimate partner violence, domestic and child abuse, care of the homeless and elderly, as well as nutrition and obesity.

Phase I of the course emphasizes the issues and challenges associated with the management and delivery of medical care to special populations, particularly the abused, neglected, disadvantaged, homeless, and elderly populations. The development of skill sets pertaining to the unique conditions, incidents, and medical needs of special populations is becoming increasingly important in the advancement of a wide variety of abilities and competencies required to be a modern physician, especially within the healthcare community. To address this and community needs, clinical experiences are organized to provide education of and care for the most vulnerable populations within the Las Vegas community. Even more, weekly topics are integrated with service learning and community health experiences to facilitate students' awareness and observation of population health principles from a series of diverse and cultural perspectives. This is supplemented with concurrent didactic sessions, small group discussions with peers and mentors, as well as presentations by community agencies to reinforce students' accountability to patients and communities, develop awareness and compassion for all patients, and the ability to effectively pursue and instill social justice practices in all future professional, social, and civic endeavors.

Month 5: January 8-31, 2018

The Importance of Community Engagement/Inter-professional Teams/Hospital-Community Collaboration *continued...*

Week 1: January 10, 2018 – Hospital, Prevention, Teams, and Community

Week 2: January 17th – **Field Service**

Week 3: January 24th – Dept. of Housing & Urban Development (HUD)/Boys & Girls Club/Social Work/Law Clinic/Hospital/Community Collaboration in Prevention

Week 4: January 31st – **Field Service**

Topics include:

- Reflect on the impact of community engagement and its influence on building and/or sustaining a culture of health.
- Evaluate the most common problems associated with the transition of care from the community to hospital setting.
- Consider the hospital's role in community health and prevention of disease.
- Evaluate the value of an inter-professional team approach to patient care.
- Describe the need for collaboration among hospitals and the community.

Assigned Readings & Review Materials:

- Schneidermann, M., & Fernandez, A. (2007). Chapter 15: Case Management / Multi-disciplinary Care Models. (pp. 151-158). *Healthcare Disparities: An Overview*. (pp. 13-24). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill/Lange.

- Wortis, N., Beck, E., Donsky, J. (2007). Chapter 16: Health and Community. (pp. 159-166). Healthcare Disparities: An Overview. (pp. 13-24). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill/Lange.

Month 6: February 5-28, 2018

Physical & Sexual Abuse, Human Trafficking, Intimate Partner Violence, and Adverse Childhood Experiences

Week 1: February 7th – Intimate Partner Abuse, Human Trafficking, social exclusion, and exploitation

Week 2: February 14th – **Field Service**

Week 3: February 21st – Southern NV Health District, STD Clinics, SHERO, Domestic Violence/Abuse victims, and consulates

Week 4: February 28th – **Field Service**

Topics include:

- Consider the experience of an abused victim and types of medical experiences that may be invasive, upsetting, and/or frightening
- Recognize Las Vegas' large human trafficking problem, and build awareness of the organizations and programs serving victims, and advocacy/assistance gaps
- Determine the effect of multiple Adverse Childhood Experiences (ACE) on adult health

Assigned Readings & Review Materials:

- Department of Health and Human Services. Centers for Disease Control and Prevention. (2003). *Costs of Intimate Partner Violence Against Women in the United States*. [Report]. National Center for Injury Prevention and Control. Retrieval at: <http://www.cdc.gov/violenceprevention/pdf/IPVBook-a.pdf>
- Valley J. (2012 November 1). Sex Trafficking of Children: Las Vegas' Deep, Dark Secret. *Las Vegas Sun*. Retrieval at: <http://lasvegassun.com/news/2012/nov/01/sex-trafficking-children/>
- Kimberg, L. (2007). Chapter 30: Intimate Partner Violence. (pp. 307-318). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill/Lange.

Month 7: March 12 – April 4, 2018

Healthcare for the Homeless

Week 1: March 14th – Interactive class session

Week 2: March 21st – **Field Service**

Week 3: March 28th – NV Partnership of Homeless Youth, Project 150, and Title I HOPE

Week 4: April 4th – **Field Service**

Topics include:

- Describe the role of schools and Title I (HOPE) in assisting the homeless.
- Build awareness of the resources available in Las Vegas for homeless residents.
- Identify the many categories of "homelessness," and the problems in delivering medical care.
- Determine the difficulties associated with compliance to medical orders and follow-up for homeless patients – suggest approaches or improvements.

Assigned Readings & Review Materials:

- Kushel, M., & Jain, S. (2007). Chapter 24: Care of the Homeless Patient. (pp. 245-264). Healthcare Disparities: An Overview. (pp. 13-24). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill Lange
- Hwang, S. W., & Henderson, M. J. (2010). Health Care Utilization in Homeless People: Translating Research into Policy and Practice. [Working Paper No. 10002]. *Agency for Healthcare and Quality*. Retrieval at: https://meps.ahrq.gov/data_files/publications/workingpapers/wp_10002.pdf

Month 8: April 9 – May 2, 2018

Care of the Elderly

Week 1: April 11th – Elder Care and Dementia**Week 2:** April 18th – **Field Service****Week 3:** April 25th – NV Senior Services: Aging and Disability Services Division**Week 4:** May 2nd – **Field Service***Topics include:*

- Build aware of obstacles to care of the elderly.
- Describe progressive dementia and its effect on older people and their families.
- Consider how a community may change its role to address elderly members' self-esteems.
- Reflect on possible solutions to elderly loneliness, *i.e.* in times of illness and isolation.

Assigned Readings & Review Materials:

- Chen, H., & Landefeld, S. (2007). Chapter 20: The Hidden Poor: Care of the Elderly. (pp. 199-210). Healthcare Disparities: An Overview. (pp. 13-24). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill/Lange.
- Hofrichter, R., & Bhatia, R. (2006). Health Care for the Elderly. *Tackling Health Inequities through Public Health Practice: A Handbook for Action*. New York, NY: Oxford University Press.
- Fitzpatrick, A. L., Powe, N. R., Cooper, L. S., Ives, D. G., & Robbins, J. A. (2004). Barriers to Health Care Access Among the Elderly and Who Perceives Them. *American Journal of Public Health, 94*(10), pp. 1788-1794.
- Office of Disease Prevention and Health Promotion. (2014). Older Adults. *Healthy People 2020*. Retrieval at: https://www.healthypeople.gov/2020/topicsobjectives_/topic/older-adults

Month 9: May 7-30, 2018

Nutrition & Obesity

Week 1: May 9th – No Class**Week 2:** May 16th – **Field Service:** Nutrition, Obesity, and Exercise**Week 3:** May 23rd – **Field Service****Week 4:** May 30th – Children's Heart Center, 'I DO', and small group sessions*Topics include:*

- Describe the impact of exercise on health, and the medical implications of obesity.

- Identify the difficulties for many people to lose and maintain weight.
- Consider what constitutes successful and unsuccessful weight loss programs.
- Build awareness of various ways healthy foods can be cultivated, incorporated, prepared, and expressed positively in the community.

Assigned Readings & Review Materials:

- Barnes A., Rogers, M., & Tran, C. (2007). Chapter 31: Obesity as a Clinical and Social Problem. (pp. 319-330). *Medical Management of Vulnerable and Underserved Patients: Principles, Practice and Populations*. New York, NY: McGraw Hill/Lange.
- Donohoe, M. (2013). Chapter 16: Weighty Matters: Public Health Aspects of the Obesity Epidemic. (pp. 265-286). *Public Health and Social Justice*. San Francisco, CA: Jossey-Bass.
- King, T., Wheeler, M. (2007). Chapter 31: Obesity as a Clinical and Social Problem. (pp. 319-330). *Medical Management of Vulnerable & Underserved Patients*. New York, NY: McGraw.
- Taylor, D., & Ard, K. (2005). Detroit's Food Justice and Food Systems. *Institute for Research on Poverty*. University of Wisconsin-Madison. Retrieval at: <http://www.irp.wisc.edu/publications/focus/pdfs/foc321c.pdf>

Course Requirements & Evaluation:

In addition to peer and self-evaluations of cases, oral presentations and team activities, students are required to maintain a journal logging self-reflections arising from small group sessions and community service experiences.

Active participation is an integral part of this course. Students must actively engage in individual, small group, inter-professional, and class discussions to effectively contribute to all learning activities. This includes, but is not limited to, offering and receiving constructive peer and professional feedback. A set of formative and summative narrative assessment is conducted throughout the duration of this course.

Students are expected to arrive on time to all course sessions and community service activities prepared to participate actively and engage in all learning and small group exercises. Additionally, students are expected to be respectful, take responsibility and accountability for their own choices, actions, and/or decisions. This includes the demonstration of personal and professional integrity. Any student with a serious or multiple violations of professional behavior will be referred to the Medical Student Progress Committee (SPC) for review and potential action.

Attendance will be considered and excused for matters pertaining to serious illness or in the event of a family emergency per the review and approval of the Senior Associate Dean for Student Affairs.

Grading:

A pass/fail (P/F) grade is based upon satisfactory participation in small group activities, the timely completion of written assignments and group exercises, maintenance of a self-reflection journal, and four (4) hours per month of fieldwork.

Dress Code:

Students represent not only themselves, but also the medical profession to those with whom they

have contact. Appropriate and professional attire should be worn, especially when students are in patient care or professional settings and when contact with patients is anticipated. Students should be aware that personal appearance may serve to inspire or hinder the establishment of the trust and confidence that are essential in the doctor-patient relationship. Jeans, sandals, and shorts (and other casual attire) are not considered professional dress. Scrubs are worn in the operating room, in the anatomy lab or in other clinical circumstances to protect the operator's clothing from soilage. Scrubs, in general, should not be worn outside of the lab or hospital, and scrubs worn in the operating room should not be worn outside of the operating room. (*Please refer to Section 6: Professionalism in the UNLV SOM Student Handbook for guidelines pertaining specifically to dress and deportment.*)

University Expectations and Resources:

Academic Misconduct – Academic integrity is a legitimate concern for every member of the campus community; all share in upholding the fundamental values of honesty, trust, respect, fairness, responsibility and professionalism. By choosing to join the UNLV community, students accept the expectations of the Academic Misconduct Policy and are encouraged when faced with choices to always take the ethical path. Students enrolling in UNLV assume the obligation to conduct themselves in a manner compatible with UNLV's function as an educational institution. An example of academic misconduct is plagiarism. Plagiarism is using the words or ideas of another, from the Internet or any source, without proper citation of the sources. See the Student Academic Misconduct Policy (approved December 9, 2005) located at: <http://studentconduct.unlv.edu/misconduct/policy.html>.

Copyright – The University requires all members of the University Community to familiarize themselves and to follow copyright and fair use requirements. You are individually and solely responsible for violations of copyright and fair use laws. The university will neither protect nor defend you nor assume any responsibility for employee or student violations of fair use laws. Violations of copyright laws could subject you to federal and state civil penalties and criminal liability, as well as disciplinary action under University policies. Additional information can be found at: <http://www.unlv.edu/provost/copyright>.

Disability Resource Center (DRC) – The UNLV Disability Resource Center (SSC-A 143, <http://drc.unlv.edu/>, 702-895-0866) provides resources for students with disabilities. If you feel that you have a disability, please make an appointment with UNLV SOM's Senior Associate Dean for Student Affairs, as well as a Disabilities Specialist at the DRC to discuss appropriate options.

If you are registered with the UNLV Disability Resource Center, please submit your Academic Accommodation Plan from the DRC to UNLV SOM's Office of Student Affairs to develop strategies for implementing an accommodations plan that meets both your needs and UNLV SOM requirements. Any information provided is private and confidential. To maintain confidentiality, please do not approach course chairs or instructors before or after class to discuss accommodation needs.

Religious Holidays Policy – Any student missing class quizzes, examinations, or any other class or lab work because of observance of religious holidays shall be given an opportunity during that semester to make up missed work. The make-up will apply to the religious holiday absence only. It shall be the responsibility of the student to notify the Senior Associate Dean for Student Affairs and the course chair or faculty preceptor no later than the end of the first two weeks of classes, January 31, of his or her intention to participate in religious holidays which do not fall on state holidays or

periods of class recess. This policy shall not apply in the event that administering the test or examination at an alternate time would impose an undue hardship on the instructor or the university that could not have reasonably been avoided. For additional information, please visit: <http://catalog.unlv.edu/content.php?catoid=6&navoid=531>.

Incomplete Grades – Course or clerkship/elective faculty share responsibility with individual students to monitor their performance in the curriculum. The Student Progress Committee (SPC) follows student performance throughout the curriculum, and is responsible for approving all remediation plans once students have been assigned an insufficient grade, *e.g.* ‘Incomplete’ or ‘Fail.’ Remediation plans are developed by individual course directors, based upon individual student’s identified academic and professional deficits, and tailored by both the course director and the SPC. The SPC determines deadlines for the adequate remediation of the course and provides final approval of the remediation plan. Students have the option, upon request, to appear before the SPC when plans for remediation are being considered.

Please note: In Phase 3 of the curriculum, any remediation of elective or advanced clerkship deficits must be completed prior to April 1 to meet the School of Medicine’s graduation requirements. Students are not permitted to remediate more than two (2) course grades of ‘Incomplete’ during a single academic year. Students who receive more than two incomplete grades must be reviewed by the SPC. *(Please refer to Section 7: Academic Policies in the UNLVSOM Student Handbook for guidelines pertaining specifically to academic progress and actions.)*

Tutoring & Academic Resources – The Academic Skills Team (AST) provides academic assistance for all UNLVSOM students taking UNLVSOM courses. Students are encouraged to stop by the AST to utilize a variety of academic services, including test-tasking skills and strategies, coping with test anxiety, and improving self-study skills in preparation for USMLE and board exams. The AST is located at: 2040 West Charleston Boulevard, 89102.

UNLV E-mail – By policy, faculty and staff should e-mail students’ UNLV e-mail accounts only. All UNLV students receive a Rebelmail account after they have been admitted to the university. It is one of the primary ways students receive official university communication such as information about deadlines, major campus events, and announcements. Students’ e-mail prefixes are listed on class rosters, and the suffix is: @unlv.nevada.edu.