Medical School Partnerships: Addressing Rough Sleeping in Vulnerable Youth.

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Medical School Partnerships: Addressing Rough Sleeping in Vulnerable Youth

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Introduction

Homeless youth are a difficult-to-reach, medically underserved population. At the Lehigh Valley Health Network (LVHN) Campus of the University of South Florida (USF) Morsani College of Medicine (MCOM), SELECT medical students noticed a unique opportunity to fill this care gap by leveraging their ability to build rapport and community advocacy with this patient cohort.

Program Description

Street Medicine has been in the Lehigh Valley (LV) for over eight years and has been growing in popularity on a national scale among medical students and faculty as a way to give back to the local community, and learn about health and social issues affecting persons who are homeless. In 2010, a LV survey found that 780 (32%) of the emergency and short-term homeless shelter residents were children. Fifty percent of those youth were over the age of five. Through the LVHN Street Medicine program, supervised USF medical students partnered with Valley Youth House (VYH), an emergency shelter in Bethlehem, Pennsylvania, to facilitate medical assessment and care for homeless youth in their program. The main goal of this partnership was to integrate the care provided at VYH into the Street Medicine program, allowing homeless youth to be identified and referred to traditional care in LVHN, thereby reducing the prevalence of rough-sleeper youth in Lehigh Valley.

Since inception, LVHN Street Medicine has expanded dramatically and includes street rounds, free clinics at homeless shelters, and a consult service for homeless persons admitted to LVHN with follow-up care after discharge. The LVHN Street Medicine program provided infrastructure for the initiative between medical students, faculty and the VYH. Primary services provided include performing state-required intake physicals, care for acute and chronic illness, and patient education. The clinic’s purpose is to act as a bridge to more traditional care. LVHN’s electronic medical record system permits integration of these visits into the health network, allowing access to patient information for referrals and future care that wasn’t previously possible from a shelter based clinic.

Prior to participation, volunteers underwent training on local homeless services, culture and proper procedures by the founder of LVHN Street Medicine. The clinic features an on-site pharmacy and the ability to do simple laboratory tests with resources to draw blood for send-out tests. Per protocol, narcotic and psychiatric medications are not dispensed. Fundraising by medical students is used to support the cost of medications and laboratory tests, which are given free to the patient.

Conclusion

The clinic has proven to be a valuable resource to teach about vulnerable populations and the homeless, as well as give students experience in starting a shelter-based clinic. A barrier for this novel innovation has been consistent student availability as they are often engaged in busy clinical rotations, externships and extracurricular research. Resources to offset this challenge include collaborating with physician assistant (PA) and PA student volunteers. A key element to success was a committed preceptor, who attended every clinic for the first year and served as a liaison between medical students, LVHN faculty, and physician assistant students.