

# Underserved Community Medicine Curriculum at Northwell Health-Lenox Hill Hospital Internal Medicine Residency Program

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DONALD AND BARBARA  
ZUCKER SCHOOL *of* MEDICINE  
AT HOFSTRA/NORTHWELL



**Lenox Hill Hospital**  
Northwell Health™

# Number of Homeless People in NYC Shelters Each Night

Hover over a month to view total shelter census. Click to see end-of-year breakdown.



<http://www.coalitionforthehomeless.org/the-catastrophe-of-homelessness/facts-about-homelessness/>



# Education Issue in IM Residency

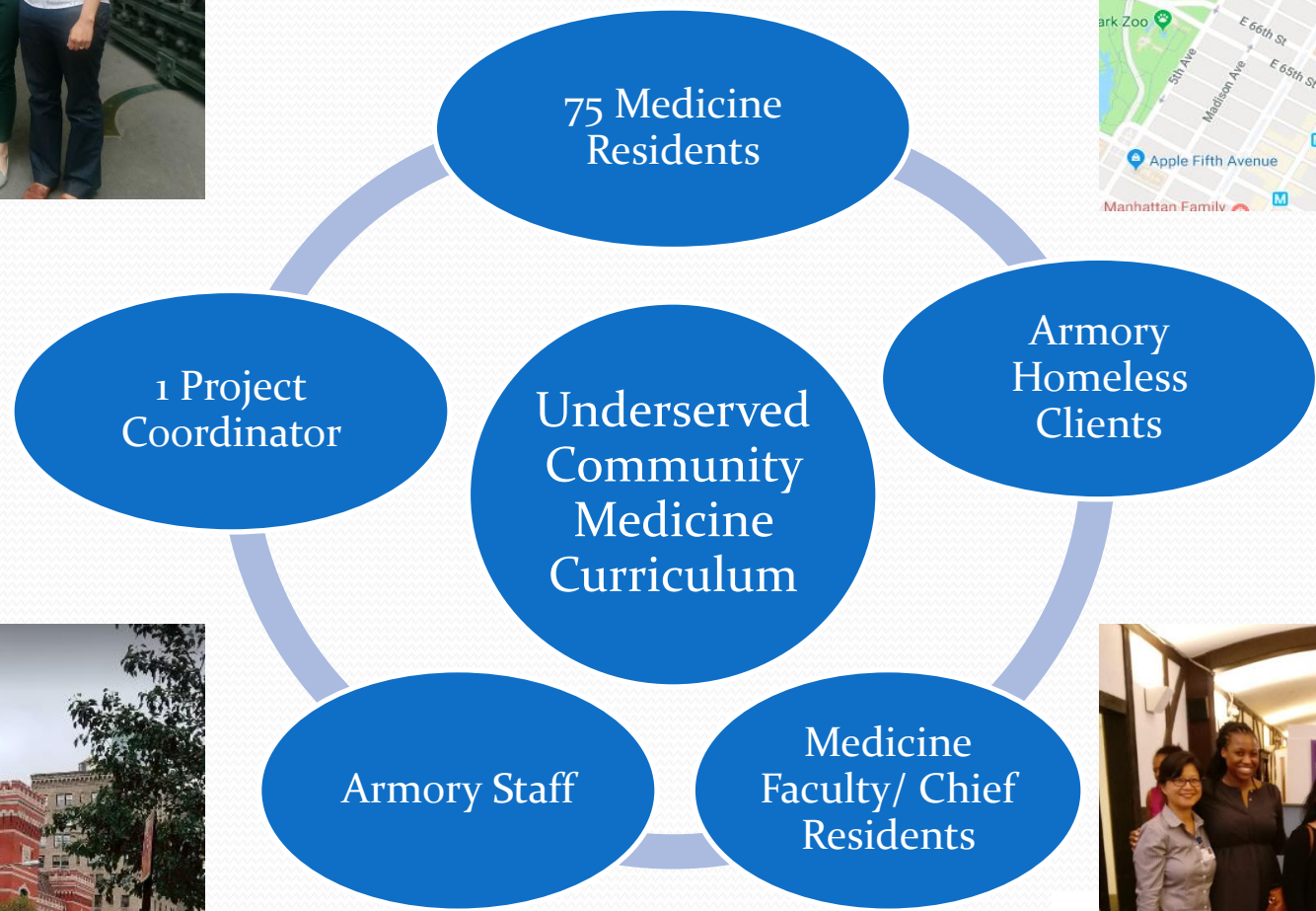
- Lack of longitudinal outpatient experience in effective communication with the vulnerable patient population
- Lack of understanding barriers and social determinants of health (SDH) of homeless patients
- Lack of opportunities for fostering compassionate attitude
  - ED/inpatient/critical care units are not ideal settings (Sibley A, 2017)
  - The current primary care clinics provide only limited opportunities for doctor-patient relationship



# The Curriculum

- Fills the gap in IM residents' educational and clinical experience
- Cultural competency
- Awareness in SDH
- Communication skills to impact homeless patients' health literacy and self-advocacy
- ACGME milestones
  - Interpersonal and Communication Skills
  - Professionalism





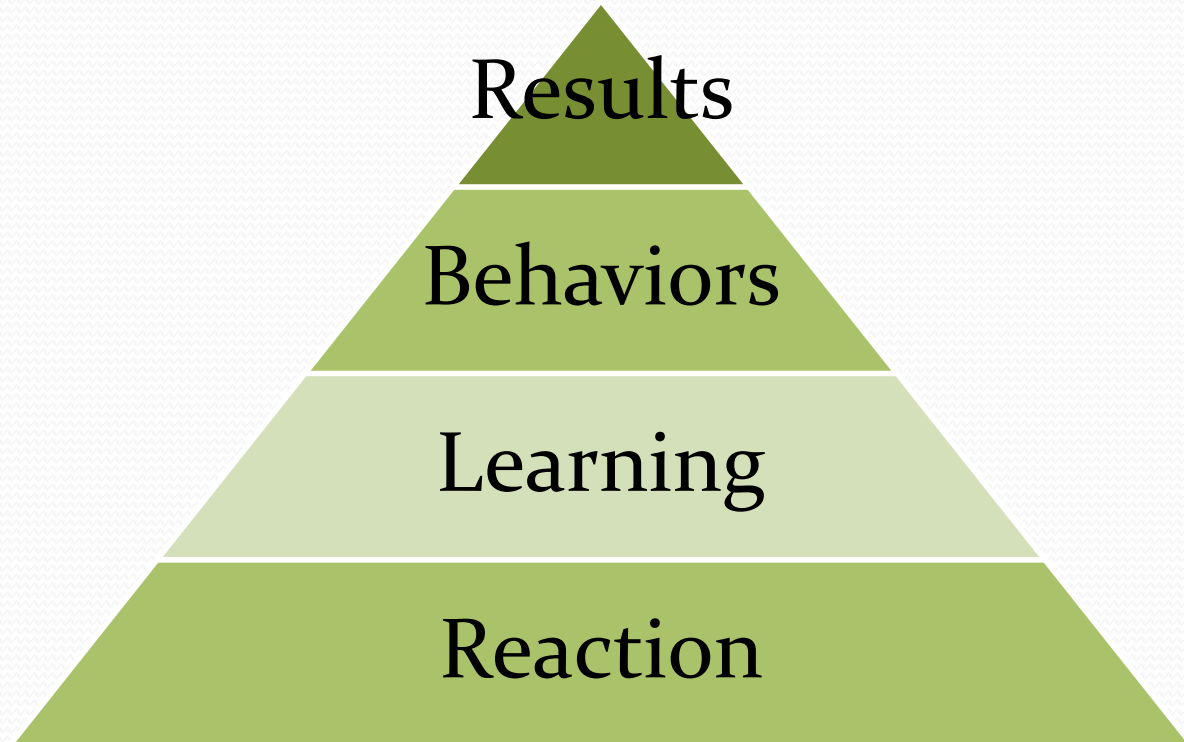
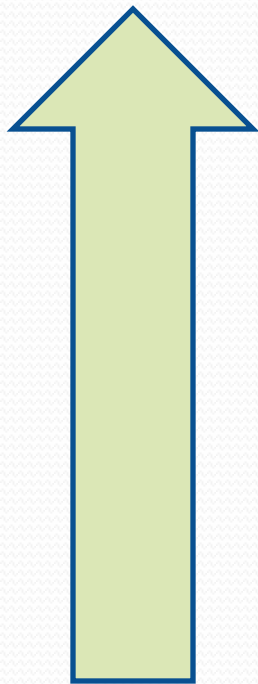
# Research Questions

- What is our residents' baseline knowledge of medical care for the homeless population and their knowledge of social determinants of health (SDH)? (CWC pretest)
- Does the delivery of a health literacy workshop specific to the needs of the shelter clients increase the residents' knowledge of homeless medicine? (CWC modules, post-test, and experiential outreach)
- Does the rotation increase the residents' understanding of social determinants of health affecting the homeless population? (CWC post-test)
- Does the rotation enhance the residents' self-awareness of their own cultural competence and its relevance to care for the homeless population? (reflective narratives)





# Outcomes/Evaluation Plan Applying Kirkpatrick's Model



# Project Timeline

May-Jun 2018

Workshop topics selection based on discussion with the community-based organization (Armory Women's Shelter); Scheduling and assignment of residents; Survey Monkey set-up for reflective narrative assignment submission.

Jul 2018

Resident orientation; Start of the bi-weekly educational activities: CWC modules, patient health education presentations, reflective narrative exercises.

Jul 2018 –Jun 2019

Ongoing monitoring of learning module completion by the medical residents.

Fall 2018

Submission for papers, abstracts if applicable.

Dec 2018-Jan 2019

Semi-annual feedback meeting with the Armory Shelter; Implementation of any necessary modifications; Semi-annual review of the medical residents' reflective narrative submissions (brief).





Spring-Jun 2019

Qualitative analysis of the narrative exercises; Abstract and poster submissions based on the first-year findings.

Jun 2019

One-year review; Plan the subsequent academic year's topic selections and resident assignment; Underserved Community Medicine Resident Awards at the residency graduation ceremony.

Jul 2019

Resident orientation; Repeat the above timeline for the second academic year.

Fall 2019

Workshop submissions based on the first-year findings.

Spring-June 2020

Evaluate 2-year long-term outcomes of the curriculum; Evaluate long-term outcomes for the community-based organization.



# Budget

Item	Annual Cost
Health Outreach Materials: (est.22-24 events per yr)	
Refreshments/ education material/incentive items	1000
Personnel:	
Coordinator (preclinical or clinical person to coordinate the events and archive the health education material)	1000
Medicine Resident awards	500
Subtotal per year:	2500
Total requested for 2 year project:	5000



# References:

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