

The Richard Pozen and Ann Silver Pozen Community Scholars Summary Report

Thomas J. Cusack was mentored by Patricia Murphy, RN, Ph.D, Clinical Associate Professor, Director of Palliative Care Services at University Hospital in a service project:

Palliative and Hospice Care in Underserved Populations: How healthcare workers can give something to those dying with nothing.

This service initiative provided the student with exposure to individuals from the community who were in hospice and palliative care settings. It helped the student to focus on the humanistic side of medicine. The student provided palliative care services to those that needed it the most witnessing first hand the realities of death and dying early in their training and how compassion can make a great difference.

Hina Aslam is mentored by Sophia Chen, M.D., Assistant Professor, Department of Pediatrics in a service project: Youth Empowerment through Art and Health Education.

This initiative was designed by the medical student in conjunction with the faculty member to improve Newark's future by providing underprivileged youth with a means of self-expression and a sense of accomplishment through art and health education. This project is ongoing and incorporates health advocacy, and basic principles of personal health and hygiene to name a few. There were 30 students from a local school in grades 6th-8th who took part in the program. They were introduced to various art mediums and styles for the purpose of creating art projects and developing written work that reflects the knowledge acquired during the health advocacy sessions. Given the overall success of the service project, the local school has asked that it be continued. In addition, Hina Aslam and Dr. Chen were successful in applying for and receiving an alumni grant. Thus, it is anticipated that the initiative will resume in May 2010.

LoAnn Heuring completed a service initiative as part of the New York City's Health Literacy Fellowship Organization in Improving Literacy Skills while Learning about Healthcare.

The medical student had the opportunity to learn and teach lessons designed to help adults improve their functional literacy skills while learning more about their health. The curriculum offered a range of instruction that enhanced the adult's functional literacy skills empowering them to take charge of their own health. Instruction included how to manage common chronic diseases such as diabetes and asthma.

This initiative also helped to reduce health disparities by addressing health literacy skills within the context of health promotion and health care delivery.

Raymond Malapero spent the summer working in a service initiative under the direction of Andrew de la Torre, M.D., Associate Professor, Department of Surgery. The goal was to help the student develop ways in which obstacles to the diagnosis of chronic viral hepatitis through patient education could be addressed. Newark has an estimated 6,500 people with chronic viral hepatitis C and 2,000 people with chronic viral hepatitis B. The student educated patients about their disease, helping them to understand their illness and how to live with it. He also offered educational materials, including literature on viral hepatitis C. The student learned how to work within an underserved community helping the patient understand how taking care of themselves can also impact the health of the overall Newark community. This student will resume this work in December 2009.

Pooja R. Raval spent four weeks in Ecuador under the Andean Global Health Organization.

This initiative was designed to educate the population on basic healthcare issues, such as hygiene, how their bodies work, and staying healthy. Specifically, she participated in clinical rotations working with an underprivileged patient population throughout various clinics located in Quito, Ecuador. The service was mainly focused on the disciplines of pediatrics, emergency medicine and oncology. In addition, on the weekends she participated in health education recreational activities for the children, many of whom were not enrolled in school and had no understanding of basic health concepts such as clean water, nutrition, malnutrition, allergies, and sun protection.

Krysta Johns-Harris, Whitney Smith, Uvieoghene Ughwanogho, LeAnne Roberts, and Dare Adijabe launched an initiative "Raising Consciousness: Education, Path to Empowerment".

This initiative was started in the spring of 2009 and is ongoing. It is designed to increase access and exposure to higher education among vulnerable and underserved youth. It seeks to empower by exposing them to healthcare issues affecting the community, and changing their attitudes and interests towards higher education, specifically in the sciences, technology, engineering and mathematics (STEM). The above medical students are dedicating their time to working in an underserved community by finding ways of connecting with our youth. This initiative is being done with East Orange High Schools. There were well over 100 youth who participated in a day long activity held at NJMS. The other activities take place at the respective high school.

James Lin developed this initiative as part of the “Student Health Advocates for Resources and Education (S.H.A.R.E.), our overall community service umbrella organization at NJMS:

"Promoting Preventative Health in Newark through Nutrition Education"

Relationships and Education for the Advancement of Community Health (REACH, a sub-group of S.H.A.R.E.) has joined with teachers and administrators working at the Maple Ave. School in Newark as part of an ongoing collaboration in conjunction with Newark Beth Israel Hospital to promote nutrition and physical activity to the children. Food demonstration tables were set up at the school during “parent-teacher” nights (where the kids are also present). This helped the medical students and its partners to build relationships with the parents and children and to get them to try eating healthier foods. The student has also developed a month long curriculum to teach senior citizens the importance of eating a low-sodium diet. The curriculum included educating them on the types of foods that are high in salt, how to read nutrition labels, and allowing them to try lower sodium alternative foods. A faculty member from the Department of Medicine is assisting in hosting these teaching sessions at a local church that provides meals to senior citizens in the Newark area.

Simple Human Presence: Toward a Curriculum of Compassion at UMDNJ

Thomas J. Cusack, MS

Introduction

The University Hospital serves a population that is profoundly needy. Most of the patients who come to the hospital have acute or chronic conditions that can be treated in the context of standard allopathic care. However, there is a subset of the patient population who have reached a point with their illness or injuries that requires the integration of palliative care into the treatment they are receiving. Some of these patients are dying, and some of those patients are dying alone. The patients who are dying alone, without family or friends to support them, constitute the neediest population we serve because they need not only the expert care that our hospital can afford them, but also the emotional support that the absence of family and friends denies them.

Medical Students are increasingly expected to graduate medical school not just with the skills that will enable them to treat disease but also with the skills that enable them to treat the patients who have the disease. A useful and important component of the training medical students should receive is the development of compassion. Herein lies the difficulty: How does a medical school "teach" compassion? Understanding that compassion means literally "to suffer with" an approach that is often used is to have medical students paired up with patients who are undergoing treatment for a chronic disease for a number of months or years (as, for example, happens at Harvard Medical School) so that the student can truly appreciate what it is like for the patient to go through not just having an illness but also what it is like to go through receiving treatment for that illness. The perspective this affords is invaluable, and no such program yet exists at NJMS. The unified goal of my project is to simultaneously advance the dignity of patients while outfitting young physicians in training with the experiences they need to assure that dignity.

Project

Under the guidance of the Palliative Care Team, headed by Dr. Patricia Murphy, I was paired with a number of patients who were severely ill or actively dying. I requested that the patients be those who do not have family or relatives, but sometimes I was paired with those who did, and I am grateful for that experience as well because I got to see how the family as a unit dealt with a patient's deterioration or convalescence. It is important to note that this was not a formal research project and no data of any sort was taken from the experience. The patients were screened by the palliative care team to see who would be open to and could possibly benefit from the presence of a medical student. The service I provided was simply my presence at the bedside of the patient for a period that ranged from minutes to several hours depending on the patient's wishes.

My intended goal was to provide an outlet for the patients to share their thoughts and feelings about themselves and their experience. For patients who were unable to talk my goal was to provide simple human presence. Often patients who cannot speak are left alone and are assumed to be unaware of what is going on around them simply because they cannot communicate this awareness. Treating them as though they were aware is a good way to ensure that they retain their dignity, if nothing else. There are therefore a variety of experiences that I encountered, and that any student in my situation would encounter, ranging from a very talkative patient who wants to share themselves, to a very inquisitive patient who wanted to know everything about me, to a patient who simply chose to be quiet and watch television, to the quiet of a patient who is unconscious and barely breathing. Each of these kinds of patients calls upon different reserves of one's personality as each situation is associated with different sources of discomfort. With practice and training it should be possible to engage effectively with each patient so that a satisfactory encounter is had by all parties concerned.



Patricia Murphy, RN, PhD

Observations

-The white coat of a medical student is essential to showing the patient that you take them seriously. However, it also conveys the sometimes mistaken idea that a medical student can do what a doctor can do. It is essential that a patient understand that you cannot touch them or in any way interfere or influence their treatment if you are there to listen to them.



-It is completely appropriate to intervene in a patient's care in only one situation: when the patient is in extreme pain. You can request on the patient's behalf that the patient be given a supportive dose of an already prescribed drug.

-Just because you have accepted the reality and imminence of a patient's death and suffering does not mean the patient has as well. Denial is a very natural and real component of the process of grieving. Try not to encourage or discourage it.

-The patient has the right, at any time, to be alone and to experience silence.

-Touching the back of a patient's hand is ok. Touching the palm or anything else is generally not.

-Listen attentively, always. Reflect what a patient is saying. Never, ever, yawn.

-Humor, appropriately used, can be greatly healing.

All Ears

At present the All Ears program appears to be the most viable program at UMDNJ for achieving the goal of serving the community of those here terminally for serious illness. The program is called All E.A.R.S. because it is aimed at Encouraging Active Reception and Self-Reflection in medical students via interactions with patients. In the context of this program medical students spend significant time with terminally ill patients in the hospital who otherwise would have no one else to accompany them in their last months.

I will be working with a group of students, led by Jason Alexander, to keep the All E.A.R.S. program going and to possibly expand student involvement in the program.



Thanks To

Dr. Richard Pozen and Ann Silver Pozen
for their support of this and other projects
benefitting UMDNJ and the community we serve.

Prior Work

Ever since I was very young (9 years of age) I have spent a great deal of time in nursing homes with the elderly. My grandmother worked as a nurse and receptionist in a nursing home, and I routinely went to the nursing home to visit with the people who lived there and play piano for them. I learned quickly that people in settings like nursing homes were profoundly lonely and wanted simply for someone to talk to. Furthermore, these people needed very little encouragement to talk at great length about their life and their experiences. In high school I continued this work with elderly Brothers of the Christian Schools.

At Johns Hopkins I was a Woodrow Wilson Fellow. I used the fellowship to consider how the principles of autonomy were important to the dignity of patients. In my work I also became curious about how a patient's beliefs, religious or philosophical, were brought to bear upon the experience of death and dying. I was surprised to find that many people confront death with comfort not because of their religious or personal beliefs, but rather because they feel they have adequately communicated their love, forgiveness, and gratitude to those who matter to them. The importance of interpersonal connection was therefore brought home to me as something of tantamount importance to the dignity of a dying patient.

The act of sharing is therapeutic and healing. If an individual lacks any personal connections as they go into the process of dying, they suffer psychologically and spiritually to the extent that they are isolated. It was my goal with the present project to provide an opportunity for patients to share.

Current Work

The palliative care team, while supportive of my goals and interest, is profoundly busy taking care of the deep medical and psychological needs of several patients and their families. They are not available to serve as instructors and handlers constantly for first and second year students. They are rightly concerned that first and second year medical students may not yet be mature enough to deal with the emotional and psychological toll that comes with watching someone die. I found the greatest challenge came not from interactions with patients, but rather from interactions with other members of the health care team. Much of what transpires in patient care takes place in a complicated jargon that a medical student does not have full mastery of until they have completed their clinical training. The patient's desire for understanding of their situation is often frustrated by communication gaps that a medical student early in their training is unable to fill. I no longer feel that it would be possible to create a large scale program that would bring patients who are actively dying into meaningful contact with medical students. If such a program were to exist, we would need faculty devoted solely to that project along with extensive funding that is not presently available. However, applications have been made to funding agencies like the Lance Armstrong Foundation, without success, and they will continue until they are successful.

A reasonable alternative would be the establishment of a program that teamed patients with chronic illnesses that are not necessarily immediately fatal with students who would simply "shadow" the patients during their treatment in the outpatient setting. Such an experience would facilitate at least the beginning of an understanding of what it is like to be in a patient's shoes.

Youth Empowerment through Medicine and Art (YETMA) program

DISCUSSIONS

Ultimately, our most important objective is to help students foster a sense of accomplishment and by doing so encourage them to remain ambitious and focused on achieving their personal goals. According to the Association for Children of New Jersey, the Newark public high school dropout rate in 2007 was 28%. Unfortunately, this figure is significantly higher than the statewide rate of 17%. We strongly believe that students will be less likely to leave school early if their academic and creative potential is nurtured during adolescence. Interacting with and understanding these unique individuals will offer medical students the opportunity to cultivate their communication skills and compassion necessary to become successful physicians. In addition, Conducting these types of health literacy classes will help teach us to integrate and apply the knowledge we have gained in medical school. Finally, As future physicians, we will be performing our duty to dispense our knowledge and expertise for the ultimate benefit our communities.

Overall, we believe that we ran a successful program this summer, as evidenced by the positive verbal feedback we gained from both the students and the Dayton Street School faculty. We look forward to enhancing this success in future years through the continued development of the program's structure and goals.

The mission of the Youth Empowerment through Medicine and Art (YETMA) program was to provide its participants with health education, a means of self-expression, and a sense of accomplishment. We believed that these elements are important in creating a strong foundation for student's self-awareness, sense of direction and ambitions in life.

The outreach program was held at Dayton Street School in Newark, New Jersey, and the students were 6th, 7th, and 8th graders. The curriculum emphasized the importance of individual health advocacy through the discussion and exploration of such topics as heart disease, nutrition and obesity, and sexual health. These topics were specifically chosen to illustrate how the most pervasive medical problems in our society are largely preventable. The YETMA program educated its students about these problems but more importantly, offered practical information on how to lead healthier lives.



During the months of July and August 2009, three instructors taught the health advocacy and art sessions at Dayton Street School. The heart disease, nutrition and obesity, and sexual health topics provided the students with a general understanding of the pathology of the related medical conditions. These sessions included as many interactive activities as possible, which captured the interest of the students and challenged them to think critically about the choices they make in their daily lives. After they learned about these conditions, the instructors explained the effects of a poor diet, smoking, excessive alcohol consumption, and lack of exercise. The students were then able to extend the knowledge that they gained in the health advocacy sessions through various art projects. These included using watercolor pencils to illustrate movement and creating collages to parody society's misconceptions about HIV/AIDS. The students were particularly responsive during these sessions because of the hands-on nature of creative learning, as each one of them was free to convey his or her own perspective.

CHALLENGES

- The age difference of the students who initially participated was problematic as each age group functioned on very different levels.
- Lack of continuity in the students who actually participated in the program. Every session was comprised of students who did not participate previously; thus the inconsistency of the students decreased the program's effectiveness.
- Working with the host school to establish a schedule for the program that cannot be routinely and effortlessly modified.
- Recognizing the need to connect with the students on a more personal level in order for them to be totally receptive to the program.



Dayton Street School in Newark, New Jersey



Hina Aslam
MS Second Year Medical Student
2009 Richard Pozen & Ann Silver Pozen Community Scholar

NYC Mayor's Office "Health Literacy Fellowship"



Why Health Literacy?

Health literacy is the greatest predictor of medical compliance and overall health outcomes.

Over 50% of the adult population (90 million people) have low functional health literacy.

These issues disproportionately impact underserved communities, particularly immigrant and poor populations.

Health Literacy includes the ability to understand and act on health information.

It is an issue of understanding as opposed to access to healthcare, and is not only a public health imperative, but also a concern of health equality and social justice.



Health Literacy Fellowship strives to cultivate the development of future physicians equipped to communicate clearly and effectively with people of varying literacy levels and from diverse backgrounds in a multicultural society.

The program exposes future physicians to the real challenges faced by many patients who have limited capacity to interact with the health care system.

2 Components to program:

- Field Work Experience: (3-4 days per week)
- Weekly Seminar Component: (Every Friday)

My Service Project: Turning Point Education Center Sunset Park, Brooklyn NY:

Topics discussed (lessons):

1. Vital Signs
2. Diabetes
3. Asthma
4. Smoking Cessation

Developing Skills (what the activities aimed to develop):

1. Basic vocabulary and pronunciation
2. Listening skills
3. Reading and writing skills
4. ACTION skills: role playing, scenarios, teach back (test for understanding)

Overall goals:

1. Recognize some key medical terms
2. Develop the literacy skills that empower students to act on their own health



Lessons & Challenges Learned

Individuals face the challenge of compromised literacy skills that are necessary to navigate systems and resources in their communities.

It is important for physicians to be aware and remain mindful of the literacy challenges many of their patients face.

Clear and simple communication is key to helping patients comply and act on health instructions and information.

The major challenge I had to overcome over the summer was learning ways to translate the medical information I have learned in my education to a language that my students/patients could understand.





Use of Patient Targeted Informatics to Survey Patient Risk for Chronic Viral Hepatitis C and B and Guide Targeted Blood Testing

Raymond Malapero, Ismael Castaneda MD, Andrew de la Torre MD

NJMS- Division of Liver Transplant and Hepatobiliary Surgery, Department of Surgery, UMDNJ-NJMS

Introduction

The patients served by the Newark Community Health Centers (NCHC) reflect Newark's population demographics. It is estimated that up to 3000 patients at NCHC will be surveyed for risk factors for chronic viral hepatitis during this research study.

Newark is estimated to have 6,500 people with chronic viral hepatitis C and 2,000 people with chronic viral hepatitis B, and up to 80% of people with chronic viral hepatitis are unaware of their infection¹. Patients may not honestly disclose their answers to questions inquiring about hepatitis risk factors leading to less testing and under diagnosis². This information can carry social stigmatization, and some patients may not be willing to share certain information with their healthcare provider. The kiosk addresses the challenges associated with obtaining information while minimizing embarrassment for the patient.

The Institute of Medicine acknowledges the lack of understanding and awareness of viral hepatitis among healthcare providers, members of the public, and policy makers. This exacerbates the concern of under reporting and full extent of chronic viral hepatitis.

In Newark alone, thousands of lives can be saved. Public health measures such as increasing public awareness, screening for hepatitis B and C, and healthy lifestyle education can greatly impact our community. Early diagnosis is crucial to positive outcomes and an improved response to therapy. With treatment, greater than 90% of people will remain virus free thus escaping the future risk of cirrhosis and liver cancer³.

Materials and Methods

The multi-lingual Hepatitis Screening Kiosk (HSK) utilizes audio-enabled computer-assisted self-interviewing (CASI) screening software allowing patients to be screened for hepatitis risk factors without revealing their responses to individual questions (Figure 1).

Patients are first asked basic health questions such as age, height, weight, race, and alcohol use. The remaining questions do not require individual answers and are answered as a single entity at the end of the screening (Figure 2). On the final screen, the patient is asked to press the button "If ANY risk factor applies" (Figure 3). The physician is provided with a printout of the results, and patients with positive risk factors prompts ordering of a hepatitis blood panel.

Figure 1. HSK Workstation with 17" Touch Screen monitor



Table 1. Viral Hepatitis Risk Factors

- 1) Were you born or lived at least 6 months in any of the areas colored red on the map?
- 2) Did you receive a blood transfusion or organ transplant before 1992?
- 3) Do you have or ever had abnormal liver blood tests?
- 4) Have you used injectable street drugs or have shared needles?
- 5) Have you sold sex for money?
- 6) Have you been treated for gonorrhea, syphilis, chlamydia, herpes or any infection obtained through sex?
- 7) Are you a man who has had sex with men?
- 8) Did your mother have hepatitis B or C infection when you were born?
- 9) Do you receive or have ever needed kidney dialysis?
- 10) Have you ever tested positive for HIV or the AIDS virus?
- 11) Do you live or have ever lived with someone who has chronic hepatitis B?

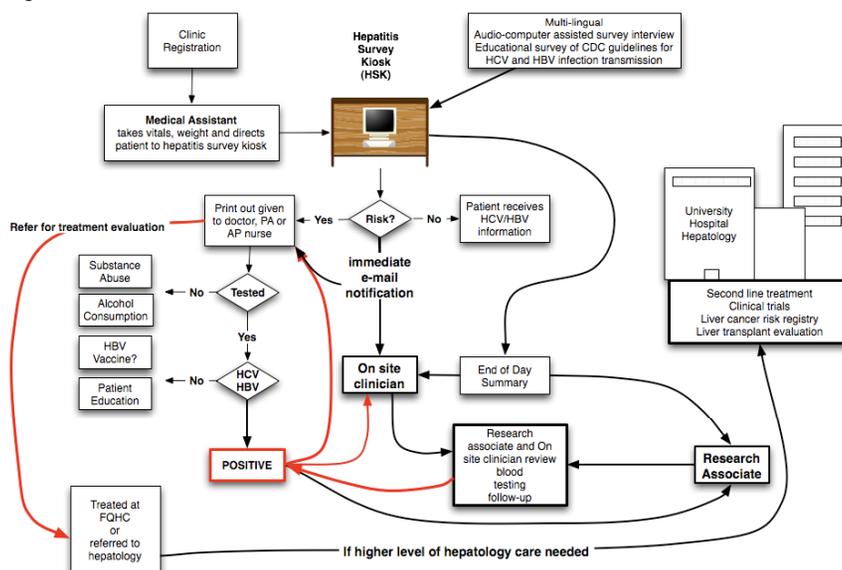
Figure 2. Endemic Risk



Figure 3. Any Risk



Figure 4. Overview of HSK work flow and communication



Results

Surveys	
Initiated	1016
Completed	980
Gender	
Females	681 (69%)
Males	299 (31%)
Race	
Non-Hispanic Black	403 (41%)
Hispanic White	269 (27%)
Other	104 (11%)
Hispanic Black	66 (7%)
Non-Hispanic White	54 (6%)
Native American	36(4%)
Pacific Islander	28 (3%)
Asian	15 (1%)
Blood Testing*	
Identified for Test	246 (25%)
Completed Test	150 (15%)
Chronic Viral Hepatitis	
Positive Blood Test	32
Prevalence in Population	3.26%
Completed HBV Vaccination Program	70

* Percents are out of Surveys Completed

Conclusions

This project has allowed for the vaccination of 70 patients and treatment of 32 patients for chronic viral hepatitis. The 32 patients with positive serology demonstrates a 3.26% prevalence in the surveyed population which is in the expected range for an urban population. Additionally, the HSK provides great cost effectiveness of blood testing as 13.3% of patients identified for testing had positive serology⁴.

Ongoing Research

Following my Summer involvement in the project, I have taken on a more administrative role in the expansion of the project to more patients. Currently, I am finalizing details that will allow the Student Family Health Care Center (SFHCC), NJMS' student-run clinic for patients without insurance, to utilize the kiosk. Dr. de la Torre is working to obtain funding for the Hepatitis testing of patients screening positive for risk factors.

As a dual degree MD/MPH student the opportunities provided by this project brought relevance to my public health coursework.

The accomplishments of Dr. de la Torre's project have been posted in "This Week at UMDNJ" online newsletter for the week of September 21st, as well as featured in the Fall 2009 publication of *UMDNJ Research*. Additionally, Dr. de la Torre has submitted two papers on the for publication.

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ECUADOR: ANDEAN HEALTHCARE & CHILDHOOD HEALTH EDUCATION IN THE CLINICS AND MARKETPLACES OF QUITO



Upon my arrival in Quito, Ecuador, I began each day with four hours of medical Spanish language instruction, tailored towards language necessary to practice in clinics & hospitals. In the afternoons, I started the first week with clinical rotations in emergency medicine at the Hospital Eugenio Espejo, a hospital that serves underprivileged patient populations. In this time, I established a degree of fluency with my medical Spanish and patient work, solidifying my previous Spanish-language study into tangibly practicing in the hospital. Working at Eugenio Espejo, which was the urban equivalent of University Hospital in northern Quito, also gave me insight into the Ecuadorian healthcare system and the universality of emergency room experience—which I discovered highlights the problems of the insured and access to healthcare all over the world, whether in Newark or Quito.

The next week, I began working with CENIT, El Centro de la Niña Trabajadora, for the rest of my time in Quito. CENIT is a child health and education organization in the impoverished areas of south Quito, in a neighborhood called El Camal. The organization focuses on education, vocation, and health & social services to working children and their parents living in poverty. At CENIT, I, along with another volunteer post-undergraduate student, and a nurse, ran a marketplace healthcare clinic, and under the umbrella of that clinic, also created school health education projects for the local children of those marketplace workers.



CENIT, El Centro de la Niña Trabajadora

- Is a child health and education organization in the impoverished areas of south Quito, in a neighborhood called El Camal.
- Focuses on education, vocation, and health & social services to working children and their parents living in poverty.
- Under an umbrella of health professionals, El Centro created school health education projects for the local children of those marketplace workers. These education projects involved making presentations for children on basic healthcare issues in the form of fun games and demonstrations.
- For the children of the South Quito Marketplace, implementing certain self-care practices are increasingly important in face of the challenges they face.
- Some of the issues the children face include problems of scabies and lice, malnutrition, lack of access to clean water, problems with parasites and diarrhea, and sleep deprivation—all superimposed on the social issues of gang pressure, temptations to steal, sexual and physical abuse, prostitution, and alcohol abuse, and drug addiction.

La Clínica de la Calle - The marketplace clinic

- is where the parents of the children receive healthcare.
- Managed by a physician, nurse, a medical student and college student, 'La Clínica' is open once per week and is both an enormous responsibility and vital part of El Camal.
- Working with the host school to establish a schedule for the program that cannot be routinely and effortlessly modified.
- Recognizing the need to connect with the students on a more personal level in order for them to be totally receptive to the program.

Clinic Responsibilities:

- coordinated patient visits with the attending that came once a week,
- inventoried and organized the clinic's supplies,
- saw patients in the marketplace clinic and performed histories and physicals,
- dispensed the patient's medications personally,
- stocked the clinic's medical supplies from local pharmacies and donations.



"The experience that the Pozen's scholarship have afforded me is one that has shaped where my path as a doctor will lead - my commitment to being a doctor has become a commitment to both educate in the realm of public health, and to help heal in the realm of medicine."

Pooja Raval
MS Second Year Medical Student
2009 Richard Pozen & Ann Silver Pozen Community Scholar

RAISING CONSCIOUSNESS: EDUCATION, PATH TO EMPOWERMENT

DARE AJIBADE, KRISTA JOHNS-HARRIS, LEANNE ROBERTS, WHITNEY SMITH & UVIE UGHWANOGHO

INTRODUCTION

Mission

To empower inner city youths through increasing self efficacy and modeling using evidence based motivational programs focused on developing an appreciation for education.

Executive Summary

“Youth is wasted on the young.” This idea underscores a period in life when possibilities are endless given adequate opportunity and guidance. However, it also highlights a stage of development which is marked by vulnerability to external influences. “If we do not change direction, we will end up where we are going.” This aphorism asks how do we challenge the current state of affairs for underserved and underrepresented communities and swerve towards more optimistic statistics? We believe it starts with interest. Interest is a strong motivating factor that influences one’s educational pursuits and career choices. By increasing early exposure and access to higher education, we can cultivate the interest and self efficacy necessary for the aspiration toward higher education.

‘Raising Consciousness: Education, Path to Empowerment’ is an evidence-based motivational and career development project conceptually organized around theories of behavior modification; specifically change and maintenance of behaviors. The principle purpose of this project is to increase access and exposure to higher education, amongst underserved adolescents. This enlightenment is geared towards engineering changes in attitudes and interest patterns towards higher education, particularly in Science, Technology, Engineering and Mathematics (STEM). Although, the biomedical science career path was used as an example, the program was structured to inspire beyond the sciences. This experience raised the youth’s consciousness to available opportunities.

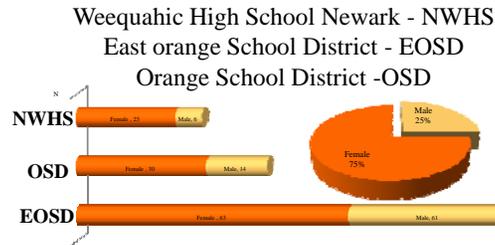
With focus on high school adolescents from the greater Newark area, the short term goal was to incite a vision of boundless possibilities and encourage the participants to pursue such possibilities. Ultimately, the expectation is to foster future leaders who will be the human capital necessary to change the vicious cycles that plague inner cities. Moreover, this program allowed students to serve as role models and develop strong leadership and communication skills while bolstering the humanistic mettle that should be sine qua non of NJMS trained professionals.

Objectives

Self efficacy- EMPOWER and DECREASE perceived barriers
Modeling - MENTORSHIP and OBSERVATIONAL LEARNING
Networking - Academic enrichment programs and resources

PROGRAM

Participants



Activities Commission

Welcome address	Empower
Keynote	Motivate
Financial Aid	Decrease perceived barriers Educate
Panel	Modeling Enlighten
Gallery	Networking Exposure

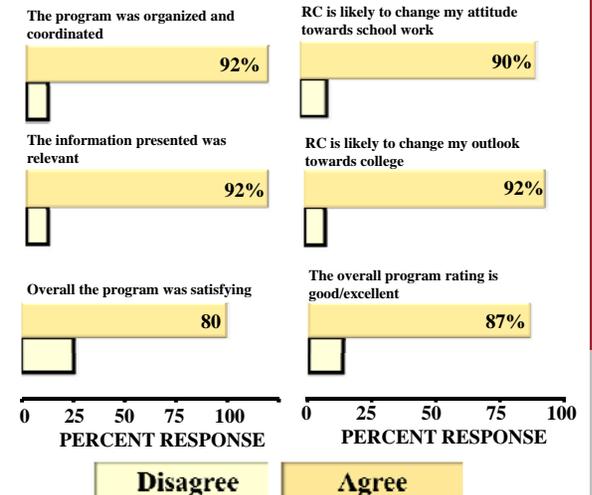
EVALUATION

Surveys

A. Outcome Evaluation Pre/Post Assessment	B. Program Evaluation
Attitude and interest regarding education	Organization and implementation of project
Perceived barriers and benefits	Relevance of topics
Preparedness and guidance towards aspirations	Lucidity of presentation
	Likelihood of convert

EVALUATION

Outcome



CONCLUSIONS

Limitations

- Increase exposure to non-health related careers
- Expand focus to include students’ support network
e.g Family

Future Directions

- Annual programs
- Resource website

ACKNOWLEDGEMENTS

POZEN COMMUNITY SCHOLARSHIP
NEW JERSEY MEDICAL SCHOOL OFFICES

- OFFICE OF SPECIAL PROGRAMS
- OFFICE OF THE DEAN
- OFFICE OF ADMISSIONS
- HEALTHCARE FOUNDATION CENTER FOR HUMANISM AND MEDICINE



Fostering lifestyle change in Newark through nutrition demonstrations

James Lin (NJMS '12)

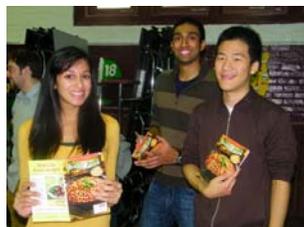


With the rates of obesity and chronic disease such as diabetes and hypertension becoming an ever-increasing health crisis in the city of Newark, REACH (a sub-organization of SHARE) designed a community outreach project that addresses these issues from a preventative health perspective by fostering nutrition education in the context of overall lifestyle change. The crucial aspect of this project was to conduct nutrition demonstrations in the local community, allowing people to try out various healthy foods made by students. To do this, REACH partnered with Maple Ave. School in Newark to serve on its nutrition advisory council and to host nutrition demonstrations. These demonstrations are part of a larger ongoing project at Maple Ave. called Growing Minds, which focuses on promoting nutrition in the classroom by allowing students the opportunity to grow their own vegetables and learn about the importance of eating healthy. The nutrition demonstrations have been set up during monthly "parent-teacher" nights, where kids and their parents gather along with teachers to engage in interactive activities and participate in raffles.

Specific Aims

- To give parents and their children an opportunity to try out nutritious foods that they may not have had before in order to encourage lifestyle change through nutrition
- To provide participants with the recipes and health information necessary to make lifestyle changes
- To educate parents about the importance of diet and lifestyle in preventing chronic illness such as hypertension and diabetes via workshops

Results



Based on feedback and surveys that were administered during the first demonstration, participants seemed to be very receptive to it and consistently stated that the top two reasons why they do not buy more healthy produce is because they could not afford it or they did not have time to prepare it. Thus, the goal of this project was to show those in the community the importance of eating healthy and that nutritious foods may not necessarily need to be expensive or difficult to make. The foods being sampled all followed simple recipes and contained ingredients that were relatively inexpensive. Along with sampling the food, pamphlets and handouts containing basic information about common health problems were provided for those who were interested. Through these interactions, REACH has been able to build relationships at the school to get the parents and their kids to open up to trying healthier foods.

Future Directions

In addition to the current nutrition demonstrations being held each month, a 4-week long workshop is being designed for at risk parents to attend over the course of a month to educate them on hypertension and how lifestyle changes can be a powerful force in helping to lower their blood pressures. These workshops will be held at Maple Ave. and will consist of measuring the participants' blood pressures each week and educating them on the importance of maintaining a low blood pressure, how to read nutrition labels, and how to eat healthy. The design of the curriculum will closely adhere to the DASH eating plan provided by the U.S. Department of Health and Human Services. Nutrition demonstrations focusing on introducing participants to healthier lower sodium alternatives will also be conducted as part of the workshop.



Students Learning About Medicine (SLAM)

PROGRESS

To date, we have had 2 groups of students each give brief, fun, and educational presentations:

Careers in Medicine: February 2010

1st year medical students Stephen Dunay, Andrew Elden, Shanchita Ghosh, Yamini Lad, Kiran Mahmood, and Paul Therattil spoke to the students about several different avenues of entering the healthcare field. Using examples such as nurses, medical technicians, physical therapists, physicians and surgeons, they provided the students with some basic information including academic requirements, job description, work environment, and expected compensation among other things. Furthermore (and perhaps more significantly), our presenters each spoke at length about their own personal influences and experiences as they chose a path toward medicine. The presentation evoked natural discussion in small groups of what specifically intrigued the Barringer students about medicine and science, in order to help understand their own personal interests. Along with exposing students to new and previously unconsidered opportunities, we felt these conversations helped rediscover themselves as young adults, reinforce the ideas of planning for the future, and the importance of making a commitment to achievement early on in their careers. Above all we emphasized academic excellence and finding their passion in whatever field they choose.

Teen Health Issues: March 2010

2nd year medical students Jing Jing Feng, Eric Holder, Krysta Johns-Harris, Liz Thottukadavil, and Kevin Tsui led a discussion regarding the issues teens face each day: diet & exercise, sexual education, drug and alcohol abuse, and violence in their community. Each of these topics was approached from a medical perspective, since many of them have consequences that often present themselves at University Hospital. Our group provided pamphlets with facts and practical tips to incorporate in the students' lives, such as better dietary habits and increasing their activity levels. Additionally, a number of provocative statistics were presented to challenge the students' preconceptions regarding issues like sexually transmitted infections, HIV/AIDS, teen pregnancy, and gang violence. We were particularly struck by the students' thoughts and experiences with everyday violence at home and at Barringer. It became a clear this was a significant problem for the students, and warrants further discussion at another presentation in the future.

Students Learning About Medicine (SLAM) is a program that actively educates and exposes sophomore, junior and senior students attending Barringer High School (BHS) to the many fields and opportunities in the robust biomedical field. It is a collaborative effort of students from several schools at UMDNJ, including NJMS, NJDS, and GSBS. Early into the 2009-10 school year, Latino Medical Students Association (LMSA) representatives to BHS hosted a school-wide assembly to introduce ourselves and the program. Through these initial communications, we made critical relationships with school direction and acquired contact information for over 75 students interested in the program. Support in setting up the after school club was offered by administration, the science faculty, as well as by the student body.



BARRINGER HIGH SCHOOL

Barringer High School of Newark, New Jersey is one of the oldest public high schools in the country. Filled with a culturally diverse student population, these young adults are in the midst of a critical phase in their lives. As an especially high-risk population of Newark youth with regards to violence and substance abuse, acquiring career interests now is key to their graduation and pursuit of higher learning. As a member of the Newark community, we at UMDNJ possess similar diversity to Barringer, and perhaps have greater opportunities to reach these students and motivate them to consider careers in biomedical sciences.

CHALLENGES

In the pilot year for the program, we encountered some challenges that will be addressed and reexamined for the upcoming school year.

Education: Aside from our introductory presentations last fall, we were only able to put together two workshops for the students. We would like to at least provide educational presentations at least every other month. Topics will range from those covered in the previous year to clinical skills sessions and opportunities for continuing education.

Communication: We would like to maintain an open exchange of ideas with the administration at Barringer High School, and have a consistent person for contact to allow for this conversation. This will help improve our ability to maintain continuity with the students, and allow us to get more students involved.

Continuity with the students: In our first year, we ran into some difficulty making sure the students were informed of our presentation dates and timing. This year, we intend to confirm with the interested students and administration of a set presentation schedule, so that they may be able to join us consistently throughout the year.

Dialogue: We anticipate establishing rapport with the students so that they feel comfortable speaking to us about the problems they face in school, so that we may facilitate a discussion on ways to improve these issues.

Scholarship: One of our goals at Barringer is encouraging and promoting academic excellence. Ideally, we hope to get these students excited for a healthcare-related career, but at the very least ensure they have chosen a path that will set them up for success. In this vein, we want to reward students who consistently attend the programs and demonstrate achievement in class.

Mentorship: Ultimately, we hope to create long-lasting relationships with our students, either as individuals or in groups. We want to encourage them to become a part of the UMDNJ community and with our mentorship and continuity, we can provide the information and insight for these students early on and throughout their careers.

Special thanks: Victor Marques, Tanya Norment, Dr. Diana Palmeri



NEW JERSEY
MEDICAL SCHOOL

University of Medicine & Dentistry of New Jersey

Eric Levy & Alain Bauza
MS Third Year Medical Students

2010 Richard Pozen & Ann Silver Pozen Community Scholars

Mission

1. To provide thorough, yet efficient patient care to those in our community who are unable to afford current medical care costs.
2. To educate, through students teaching students.



History

The Student Family Health Care Center is one of the oldest institutions at UMDNJ and is currently the oldest student-run clinic in the country. It was organized by students in 1968 soon after the 1967 civil riots in Newark in an effort to improve conditions for the people of Newark. The student clinic aims to provide both medical and social services to patients in the surrounding communities. While these services may also be provided by clinics in UMDNJ- University Hospital, the SFHCC works to provide comprehensive primary care in a patient centered manner.

Who is Eligible?

The Student Family Healthcare Center is available to all residents of the Newark community. There are no eligibility requirements and there are no charges for services provided in the clinic.



Services We Provide



- History and physical exams**
- Urine tests**
- Blood tests**
- Flu Vaccines**
- EKG's**
- Gynecological exams**
- Patient Education**
- Group education visits**
- Formulary of free commonly prescribed medications**
- Prescriptions for other medicines**
- Referrals to specialized clinics within UMDNJ**

Student Education at Clinic

For students, the night begins at 5:30 PM with a lecture given by a 3rd or 4th year student about an important topic in outpatient medicine.

Usually, five students are assigned to see each patient. All other students are assigned to a teaching session. Teaching sessions are led by 3rd or 4th year students. Teaching sessions are an opportunity for students to gain clinical knowledge even if they are not seeing a clinic patient that evening. Teaching sessions may include seeing patients in University Hospital to hone history and physical exam skills, reviewing labs of clinic patients, practicing phlebotomy, IV placement, suturing, or reviewing clinical cases.

A Typical Patient Visit

Patients arrive at 5:45 on Tuesday and Thursday evenings. They first meet with a team of 5 students. The team is a group of 1st, 2nd, 3rd, and 4th year students. The more junior students will take the lead on taking a history and performing the physical exam while the more senior students guide them. The upper class students teach during this initial encounter with the patient.

Next, teams meet with an attending physician. There is one attending at each session to see the 6 scheduled patients. A first or second year student presents the patient and the attending and the team develop a plan. The team and the attending then meet with the patient. A few more questions are asked and portions of the physical exam confirmed before the plan is discussed with the patient. The plan may include additional testing, treatment or referral to specialty clinics. Every patient gets counseling and education. Patients may receive free medications if their meds are carried in the clinic formulary, or they may receive prescriptions. We also assist patients with registering for Charity Care and Patient Assistance Programs. The visit note is completed in an EMR system (Logician) and a hard copy is placed in the patient's chart. Additionally, information from the visit (BP, BMI, etc.) is recorded on database flow sheets in the hard copy chart for easy reference.

