

EXTRAORDINARY *Care*

An innovative course created from a revamped curriculum links medical students with special populations

Tom McNalley stepped out of the halls of a world-renowned teaching hospital and into the real world. In the span of four weeks, the third-year University of Iowa medical student made the rounds of free clinics, homeless shelters, domestic violence centers, and other community agencies in Waterloo, Iowa. He saw patients from all walks of life, ethnic backgrounds, and socioeconomic situations. And he learned valuable lessons.

"I got great exposure to social service agencies and community care, so that wherever I end up in my career, I'll be better able to plug into the support services my patients need," McNalley says of his participation in the Roy J. and Lucille A. Carver College of Medicine's Community-Based Primary Care Clerkship program.

Developed in 1996 from revisions to the college's MD curriculum, the clerkship program was conceived as a way to put medical students on the front lines of health care. College administrators and faculty members say the program has remained true to that goal by teaming students year-round with primary care physicians and allied professionals immersed in the day-to-day practice of medicine.

"Students need a grounding in the problems we see at UI Hospitals and Clinics," says Jerry Woodhead, professor of pediatrics and director of the college's clinical curriculum. "But they also need to see what doctors do, what resources they work with, and how they interact with patients in their communities."

The four-week course was designed so that students spend half their time in primary care medical clinics and hospitals. They

spend their remaining hours working with community organizations that include free clinics, nursing homes, hospices, and other agencies that target the health concerns of special populations. All students take the course during their third year of medical school, traveling to Iowa communities as far away as Sioux City to work with primary care physicians in different specialties. Students may work with organizations that serve Bosnian immigrants in Waterloo, clinics that treat Hispanics in Marshalltown or Des Moines, or agencies that help Native Americans from federal reservations near Sioux City.

Students also research a topic relevant to their clerkship. At the end of their clerkship, they present their projects to classmates and faculty members.

"Our students begin to see the problems of health care from a community focus," Woodhead says.

A list of topics from earlier years hints at the complexity of issues students discover in their communities. Among other things, students have investigated methamphetamine

abuse, autism, the barriers of language and ethnicity to health care, and tuberculosis among Bosnian immigrants.

A COURSE OF ACTION

Third-year student Ingrid Williams divided her clerkship between the Sergeant Bluff Family Medicine Center and several other community agencies in the Sioux City area. She worked in a free clinic, a hospice, and on Indian reservations, and she traveled with a nurse to the homes of patients. She also counseled pregnant immigrant teens. Interacting with patients in different situations gave her a better sense of all that's involved in family practice and confirmed in her mind that primary care is the clinical focus she wants to pursue.

"In hospital rotations at The University of Iowa, I might see a lot of unusual cases and abnormal situations, but out in a smaller Iowa community, I had the chance to see what local physicians see on a daily basis," Williams says. "They're having to deal with practical matters like insurance and HMOs as well as the challenges of working with patients from a broad range of social and





economic backgrounds. Plus, I saw the value in continuity of care. I was able to see how doctors build personal relationships with their patients and how patients come to trust in the doctors.”

The clerkship also convinced Andy Nicholas that family practice is his calling. A 2003 graduate who recently started a family practice residency in South Bend, Ind., Nicholas appreciates the autonomy and respect he was given by the preceptor and staff he worked with in a Des Moines clinic.

“I was considered more a peer than a student, and the clerkship put me out there on my own, feeling more like an independent practitioner,” Nicholas says.

“Clerkship students keep me in touch with the agencies and they help me to understand the community organizations and services available to patients I did not know much about,” says David Breitreuz, assistant professor of family medicine and a doctor with Waterloo’s Covenant Clinic-Medical Associates, where he has taught students in the clerkship course for about five years. “And their projects are very interesting, often covering topics I haven’t had the time to personally research.”

Marty Lofgren, a 1996 UI Carver College of Medicine graduate, agrees. Now a Sioux City doctor, he has been a clerkship precep-

tor for Iowa’s medical students for the past three years. Lofgren thinks it is ultimately the patient who benefits from the success of Iowa’s primary care clerkship program.

“The clerkship program gives students that time when they’re out on their own, working one-on-one with patients,” Lofgren says. “Those are the opportunities that teach you to be more responsible and make you a more effective physician.”

by Amy Schoon

Through the UI Carver College of Medicine’s Community-Based Primary Care Clerkship program, third-year medical students Deborah DeWaay (opposite page) and LuAnne Juarros (above) saw patients this past summer in the Family Practice Center at Mercy Hospital in Cedar Rapids. DeWaay also gained hands-on experience to help in her research on end-of-life care. Together with two other third-year UI medical students, Michael Angel and Lisa Didion, DeWaay and Juarros met regularly with physician Tony Myers (below, background right), a faculty member of the Cedar Rapids Medical Education Foundation.

