Welcome to 7 new M1 scholars!

This year Dartmouth Medical School’s Urban Health Scholars welcomed seven new first year students in our annual fall immersion trip to Boston. Throughout three days we learned about providing care for people in urban areas from all walks of life and how to address social determinants of health in our future practices as physicians.
Harvard Pilgrim
By Kenny Williams

Our first stop on the Boston trip was to visit and speak with Shani Dowd of Harvard Pilgrim. This was extremely fitting as both she and the organization played a very instrumental role in the creation of the Urban Health Scholars program.

Harvard Pilgrim is a local and national leader in the health care reform movement. By being both an insurer and healthcare delivery system they have worked to curb rising costs while maintaining a high quality of care. Harvard Pilgrim is also one of the first insurers in the nation to create both a charity arm (Harvard Pilgrim Foundation) and a research arm (Harvard Institute). This is where Shani has played an influential role in creating innovative approaches to problems faced in both the community and healthcare delivery system.

We were able to hear about the process she uses to start/enact a new program as well as the use of data that insurers have access to by nature of the business. We rounded out the conversation with her giving some advice on how we (as future healthcare providers) can foster and deepen relationships with both our patients and the communities we will serve. She encouraged us to conclude patient visits with the phrase, “did I make any mistakes today?” Lastly, we discussed her clinician commitment to the patient that she created while practicing and how it served to establish an initial rapport and trust with her patients in addition to being a concrete tool for her patients to hold her accountable.

All in all, this was a great combination of history and information along with incredible insight and advice that will serve us long into our careers. Thank you, Shani!

Alumni Dinner
By: Sha Ali & Laura Cheng

After visiting Harvard Pilgrim Health, we went to our Airbnb in Dorchester where we were met by two UHS alumni and a friend of Shawn O'Leary's who is currently applying to Geisel and interested in UHS. Over Indian food, current UHS members had the opportunity to learn about residency and fellowship in Boston from former UHS members. One large group of current UHS members spoke with Dr. Christopher Worsham, who is currently completing his fellowship in Pulmonary & Critical Care at Harvard Medical School after completing residency at Boston University/Boston Medical Center. He shared with us how valuable UHS experiences were in helping him shape his career path, how he ultimately chose his specialty, and important factors to consider when applying to residency.

The Alumni dinner was an amazing opportunity to see the composition of some of the past members of the UHS program. I enjoyed an interesting and insightful conversation with Tina who struck me as very down-to-earth and charismatic. She shared her perspective as a psychiatric resident including the challenges of providing care in an urban environment. Her experience dealing with translators who were often baffled by the content of the
messages they needed to communicate was something that I had never thought about. Dealing with simultaneous language barriers and psychiatric disorders presents a unique set of challenges for a provider. Tina seemed to have a very positive disposition even when dealing with the most challenging of patients, including those who insulted or spoke disrespectfully to her.

She went on to emphasize the importance of not stressing too much over STEP exam scores stating that despite being the best test-taker she found success and secured a residency that met her interest and also provides the ideal environment for success. She felt that the bases of a good residency selection involved truly understanding the type of potential colleagues there and gauging whether you would be able to work with these people for hundreds of hours throughout the year.

I'm regards to psychiatry, she told us that the resident schedules were comparable to other residencies but oftentimes less. On occasion when patients arrived immediately before a shift change, the expectation was extended hours for residents and meant truncated personal time. The ability to write quality clinical notes is an essential skill that she felt made her successful and in general bodes well for those in psych field.

Tina left me with a lot to think about. I was happy to learn so much in the little time we had with her. I have internalized the advice she gave and hope to utilize it as I advance in my medical career.

**Fenway Health Center**

*By: Jaci Gresham*

The Urban Health Scholars began their second day of their time in Boston with Bonnie McFarland, the Director of Administration at Fenway Health. Fenway is a Federally Qualified Health Center and home to The Fenway Institute, an interdisciplinary center for research, training, education, and policy development, particularly focused on serving LGBT communities. Among the topics that were discussed during their visit with McFarland, Scholars gained insights to Fenway’s foundations. A once-a-week drop-in clinic founded in 1971 by a small group of student physicians who believed healthcare to be a right, not a privilege, Fenway now consists of a staff of 500+ caring for a patient population of 28,000. Among those 28,000 are over 3,200 transgender and gender non-conforming patients seen by Fenway’s Transgender Health Department, making Fenway a wonderful resource for our Scholars to investigate the health disparities urban LGBT communities experience and the aims of current research in identifying and overcoming those barriers to health outcomes.
The Scholars enjoyed several hours of conversation and Q&A with Fenway staff, gaining on-the-ground insights about what it means to engage in research as a powerful form of advocacy and developing their voices, inside and outside the clinical setting, as conduits of change for those most marginalized in healthcare. We’re most thankful to McFarland and everyone at Fenway for the warm welcome and inspiring conversation in their Boyston Street facility.

Mattapan Community Health Center
By: Roberto De La Rosa

On Friday after lunch, we visited the Mattapan Community Health Center. The center provides primary care and preventative health and social services to the Mattapan community and the surrounding areas. During our visit, we were introduced to the health center and had the opportunity to meet with the CMO, Dr. Anubhav Kaul, to discuss what running a community health clinic is like in Mattapan. Topics discussed included how to match services with the community needs, how to effectively connect with the community, and what the role of a CMO entails.

Dr. Kaul believes finding resourceful methods of innovative care, such as telemedicine, may help match their services with the community needs. Specific to the community health setting in an underserved population, we believed healthcare mistrust may be a problem and asked how this can be combated. He emphasized what the providers did to help the clinic connect with the community. At a microscopic level, he stressed the importance of having the providers establish a relationship with their patients during their appointments. At a macroscopic level, he advocated for shifting the mindset from pressuring providers to see more patients to encouraging the clinic to do more outreach in the community (such as the Mattapan fair we would attend later). This would help alleviate health mistrust by allowing the clinic to engage with the community outside of the exam room, while educating the community about healthcare resources available to them near Mattapan.
Furthermore, we were given an overview of the role of a CMO from his perspective. In his mind, the main purpose of the CMO is to serve at the executive level as an advocate for providers within the organization. He characterized the work as cross-disciplinary and overall 30% clinical practice and 70% administrative work. He also mentioned how the role of a CMO can vary a lot depending on the setting. For example, he contrasted his role as a CMO at a community health center versus a CMO at a hospital. He mentioned hospital organizations are typically larger, and thus initiatives take longer to roll out, and he believes the pace at a community health center is faster. Additionally, he mentioned CMOs at hospitals may be more geared toward quality improvement and risk management.

Overall, our visit to the Mattapan Community Health Center informed us on the challenges a CMO may face while running a community health center in an underserved urban environment. Dr. Kaul was able to share his perspective on how he and the clinic approach these challenges, which can provide us with some insight into how we may think about these issues as physicians when tackling them in the future.

**Healthcare for the Homeless**

By Jay Bader

Late on Friday afternoon, we headed to the Boston Health Care for the Homeless Program (BHCHP) where we received a detailed tour of the facilities and participated in insightful discussions with some of the staff. Located in the heart of Boston and aimed at serving the vast majority of the estimated 7600 homeless people in Boston, BHCHP is truly following their goal of "providing the highest quality of health care for all homeless men, women, and children in the greater Boston area." This towering health care facility is saving the lives of its many patients by not only offering free health care, but also providing free food and shelter as well. Wandering through the massive building, we were greeted by many of the patients who seemed friendly, grateful, and were clearly enjoying their stay at BHCHP. Not knowing who we were or why we were at BHCHP, a few of the patients even approached us and told us about how great BHCHP is and how fortunate they are to have BHCHP. Even more amazing is the motto at BHCHP which is that no homeless person in Boston is denied a bed. This really stuck with me as a special place truly aimed at serving every homeless person in Boston.

As we continued on the tour, we were told many stories of some of the patients who had visited BHCHP. One patient in particular is of major concern to the BHCHP staff: a retired war veteran who lost one leg and has a major infection crawling up his other leg. The doctors at BHCHP believe that if this infection is not treated, the patient will surely die. Since this patient is an alcoholic and a drug abuser, the only way for the doctors to operate on the infected leg was for the patient to take a one month hiatus from the illicit drugs and alcohol. Unable to quit his addictions, this patient still roams the streets of Boston refusing to go in for his treatment. Every day for the past few months, doctors from BHCHP travel the streets in search of this patient and are still trying to convince him to come in for help. I thought about how committed these doctors are. I thought how these doctors - who are receiving no added pay benefit and with no alternative intentions - are taking the time to go out of their way to try and reach as many homeless people as they can in Boston. And for the patients that refuse treatment, these doctors never give up, because these doctors know that patients' lives are at stake.
Then, came my highlight of the entire Boston trip with UHS: getting to meet Dr. Jim O'Connell, one of the doctors on the "Street Team" and the President for all of BHCHP. Dr. O'Connell travels the streets of Boston with Dr. Kevin Sullivan and Michael Jellison trying to reach as many homeless people as possible. The Street Team builds strong connections with the homeless population of Boston, explaining to the homeless the resources available at BHCHP as well as providing them small gifts such as a blanket and a Dunkin Donuts gift cards. Although these may seem like insignificant things, a blanket can get a homeless person through the cold night temperatures, and a Dunkin Donuts gift card not only allows for a small meal, but more importantly, an opportunity for the homeless person to use a bathroom and a sink - something that most stores and restaurants only offer to paying customers.

As the Street Team embarks into Boston, one of their main goals is to listen to the homeless people they encounter. Simply listening and asking about their lives allows the homeless people to open up and be more likely to go to BHCHP for treatment. One of the things that shocked me was the amount of drug use prevalent in the Boston homeless population. The Street Team said that as much as 95% of the homeless population is using illicit drugs; many use the drugs out of necessity just to survive the frigid temperatures and hunger pains of sleeping through the night with no food or shelter. Understanding how it feels to be homeless is something that us medical students and the doctors on the street team will never fully understand, but this is not true for Michael Jellison, the Street Team's recovery coach who used to be homeless himself. He explained that being homeless is unbearable and is something that no one should have to experience. I saw the passion and empathy in the Street Team members' eyes, and I was touched at how much each of these members sincerely cared for helping the homeless.

As we stayed and chatted with the Street Team for over an hour, it was time for us to continue on and let these doctors enjoy their Friday nights. Dr. O'Connell was nice enough to give each member of UHS (15 of us total) a copy of his book - Stories from the Shadows. Our trip to BHCHP was a memorable one and will be something that sticks with us as we remember why we came to medical school - to help those in need. And one population that is in need is the homeless, and we were very lucky to get a glimpse into this area of healthcare during our trip to Boston.

**Boston Medical Center**

By: Diana Funk
Friday evening we crossed the street to visit the ICU department at Boston Medical Center. We were met by Dr. Laksham Swamy and Dr. Matt Moll, both Pulmonologists and Critical Care Specialists, who took some time out of their busy Friday afternoon to show us around the hospital. After talking about their path into medicine and how they chose the specialty that they did, we walked around the hospital floor.

As the patients were quick sick and often intubated we did not get to speak with the patients but Dr. Moll walked us through a few cases and described the kind of acute care that patients receive here. Not only is BMC a world class hospital that patients travel to from far and wide, but it also provides care to some of the neediest people in Boston, and we saw patients from both sides of the spectrum. From patients who fly in from the across the world to homeless patients with severe medical conditions, the doctors at BMC treat a wide range of people with a wide range of social and economic resources. It was inspiring to see such a diverse set of people treating a diverse set of patients.

The second years tried out their skills at reading ECGs and tested their knowledge about the pulmonary system as we learned about patients, and all the scholars learned about the methods used to monitor very sick patients.

Our visit to BMC capped off a day of very different health experiences - from a health center that grew out of the HIV epidemic to community-focused care at Mattapan to the tough, important care given at Healthcare for the Homeless, providing care in a urban center means that you’ll see patients from all walks of life with a huge variety of medical, social, and economic problems. Our visit to BMC’s critical care unit reflected that truth in their ICU panel, and we were very grateful for the opportunity!

Mattapan Healthcare Revival
By: Frederick Burton

On Saturday, September 9th the UHS scholars continued the tradition of volunteering at the Mattapan Healthcare Revival. This was our 12th year attending this event. Each of the scholars were split into different groups ranging from handing out meals during lunch to playing sports with the kids from the area. Being able to do different activities with people from Mattapan allowed opportunities for the doors of communication to open. Just being able to sit and talk with the community members gave us a better understanding of the needs of the community. This reminded me of when we went to the Health Center in Mattapan and how they have community members sit on the board of directors for the Health Center. Doing this helps ensure that the Health Center can find the best way to truly help the community and get the word out about different programs.
In addition to talking and doing activities with the people of the area we were able to go to different tables such as the Mattapan Community Health Center’s Dental and Health Screening tents. At these sites we learned what other barriers to healthcare the people from the area must overcome such as language, transportation, and financial barriers. Overall, it was great seeing the different organizations and community members come out to educate one another on the importance of health and what steps need to
In what seems to have become an annual UHS Boston trip “must-do,” we attended the Harvard Medical School Office for Diversity Inclusion and Community Partnership (DICP)’s fourth annual Harvard Affiliated Residency Programs Showcase. Even though this event is primarily tailored for 3rd and 4th year medical students, it still provides a great opportunity to meet and network with Harvard-affiliated residency program training directors, attending physicians, fellows and residents. This year over 200 medical students (most of them underrepresented minorities) registered, and more than 100 faculty, trainees and residents of HMS-affiliated training programs participated.

The program began with brief welcome remarks given by representatives from DICP and Harvard affiliated teaching hospitals, followed by a resident panel discussion and a residency program directors panel discussion. We then had an opportunity to attend group discussions/networking sessions with faculty, fellows and residents from HMS-affiliated residency programs including Anesthesiology, Dermatology, Emergency Medicine, Internal Medicine, Neurology, Pediatrics, Obstetrics & Gynecology, Ophthalmology, Orthopedics, Surgery, Physical Medicine & Rehabilitation, Psychiatry, Radiation Oncology, and Radiology.