

The Summer Medical Institute

Seventeenth Annual Summer Elective

July 4 to August 1, 2009

Defining Health for the Individual and Community



Contact Information:

The SMI
Valley Baptist Family Practice Residency
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Elective/ Location: Summer Medical Institute: 7/4 - 8/1/2009 Harlingen, TX and Matamoros, Mexico

Course Directors: Bruce Leibert, M.D.	Program Director, Valley Baptist Family Practice Residency
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SMI Course Overview

The Summer Medical Institute is a four-week elective designed to equip medical students to care more effectively for patients in the context of a community-oriented health outreach campaign among underserved populations. In addressing barriers to health and access to care, students will learn valuable skills while also becoming familiar with the complex issues involving public health. Through offering various health screenings, conducting medical clinics, and rotating through a family practice residency clinic, SMI participants will gain valuable hands-on experience to equip them to be compassionate and excellent leaders in the health professions.

SMI History and Community Health Results:

Since 1992, more than 800 students from 65 medical schools have participated in this four or five-week elective, adding valuable experience and training to their health care education. After nine summers in North Philadelphia, the SMI moved to the Rio Grande Valley in 2001. This SMI involved a multi-faceted approach to training including a community-based health education and outreach campaign on both sides of the U.S.-Mexico border. In recent years, SMI participants have screened children for asthma, anemia, and lead poisoning, offered free immunizations to children and adults, and screened adults for HIV, diabetes and high blood pressure. Since 2001, participants have visited over 3,500 homes in under-served communities in Texas, screening 1,500 individuals for hypertension and 855 for diabetes while also providing free bike helmets to 675 children and free immunizations to many others. In addition, SMI participants have treated 5,000 patients in church-based health clinics in Matamoros, Mexico. In 2009, SMI participants will again offer free screenings in South Texas communities for hypertension and diabetes while also conducting free health clinics in Matamoros, Mexico and rotating through the Valley Baptist Family Practice Residency Clinic

Community Health Background Information:

The SMI addresses the aspect of public health with on-the-field training of disease prevention and health promotion. The SMI takes place within the setting of impoverished communities called "colonias" around Harlingen, TX and in Northern Mexico. The residents of these colonias struggle with poverty as well as excess morbidity and mortality from a very high incidence of diabetes and hypertension. The families from these communities have barriers to health care that have led to under-immunization of children and under-recognition of diseases that could have had less morbidity and mortality if these problems were recognized and treated sooner. Harlingen, Texas is a city of about 60,000 people located in Cameron County. Cameron County is one of the most medically under-served areas in the nation with the *Dartmouth Atlas of Health Care* (1999) listing it as having the second lowest number of physicians per 100,000 residents in the USA. The lowest number of physicians per 100,000 residents in the U.S. was neighboring Hidalgo County. The U.S. Census Bureau reported that about 50 percent of the adults in Cameron County have a high school education and less than 12 percent of adults have a college education. These are much lower percentages than the national average. Also in Cameron County, 52 percent of children live below the poverty level, almost triple the national average. The median household income in Cameron County is about 40 percent less than the national average. Many medical problems seen in Cameron County are usually thought of as third-world medical problems. There are 135 active cases of Hansen's disease (leprosy) in the area. The local Family Practice Residency Program treats many diseases such as tetanus, malaria, and typhus that usually do not occur in the U.S.

In Cameron County, the Hispanic population has specific barriers to health care. The SMI's door-to-door ministry has helped to overcome some of these barriers. Due to lack of education, many patients do not understand their need for long-term treatment for their diabetes mellitus or hypertension and do not seek medical attention. A large percentage of the population does not speak English and do not receive health care or health screening due to the language barrier and some avoid health care for fear of being deported. Due to these barriers, many patients do not receive care for their diabetes and hypertension until the disease has caused irreversible damage.

Many of these complications may have been prevented or lessened in severity if these medical conditions were noticed and treated earlier in their course.

Community Partnership Strategies

In response to this great need, the SMI partners with local churches, physicians, and community organizations, under the supervision of the Valley Baptist Family Practice Residency (a Christian family practice residency program), to go into communities to screen for diabetes and hypertension. As part of their delivery of care, SMI volunteers seek to show the love of Christ as they serve people and minister to the community. In their first week, students receive intensive orientation training in community, Hispanic cultural and spiritual issues affecting health status, and also receive encouragement in personal spiritual growth and leadership development. Barriers to health care in underserved populations and the benefits and challenges of various health care delivery systems are also topics of discussion. Training includes hands-on practice and role-playing of specific health screening procedures. Primary prevention of morbidity and mortality of disease is emphasized and students are taught some of the basic principles of preventative medicine. Students then take these skills door-to-door, dialoguing with the citizens of the community, performing health screens, collecting data from each encounter and providing community residents with health education materials. Students work alongside bi-lingual young adults from the community who provide translation as needed. Through relationships with those in the community, SMI participants learn first-hand the impact of social, cultural, emotional, spiritual, and economic factors on health. In addition to performing health screens, students connect patients when necessary to various resources: illnesses identified by health screening with appropriate medical care; drug and alcohol problems with detoxification or rehabilitation programs; spiritual needs with local churches; persons in abusive relationships with programs for combating domestic violence, etc. New cases of diabetes and hypertension that are identified are referred to community physicians for long-term treatment and continuity of care. Students and faculty also have daily opportunities for debriefing in order to process and interpret their experiences and to shape their views about biblical healthcare. Throughout this experience, the organizers intend for the SMI experience to encourage the development of compassion, integrity, empathy, understanding, insight and leadership in future health care providers.

Summary of Activities and Objectives

Activities: Students will participate in a variety of activities, including:

- Home visits and health assessments
- Hypertension screening
- Diabetes Screening
- Bicycle safety education and helmet give-away
- Setting up and running health outreach and education activities in the community
- History and physical examinations, including spiritual history-taking
- Involvement in clinical research projects, exposure to relevance of medical research to health care delivery
- Didactic sessions, Large-group discussions, Small group sessions
- Mentoring relationships
- Directed reading, reflection, and discussion
- Opportunities for project leadership responsibilities
- Individual and group recreational activities

Objectives: Through these activities, the participant will:

- Learn about the following health issues in context of individual and community; Hypertension and diabetes diagnosis and management; bicycle safety; primary health care needs of underserved populations in Mexico
- Learn to see patients in the context of family and community
- Understand that medicine is an art as well as a science and that a caring, empathetic spirit is an essential component of any effective doctor-patient relationship
- Increase awareness of the determinants of health and illness and diverse methods of approaching health problems in settings with varied cultural and socioeconomic characteristics
- Develop skills in taking comprehensive patient histories, including spiritual histories

- Come to appreciate more fully the barriers to health care in general and among the underserved specifically
- Identify barriers to health care and work as a team to overcome those barriers
- Discover the essential role of health education in primary care
- Understand the impact of spirituality, faith, and religion on health
- Investigate the values underlying the practice of medicine and health care delivery
- Gain an appreciation for the role of the church and other community organizations in individual and community health
- Understand the role of health promotion and disease prevention activities

Faculty: Faculty are recruited each year from around the United States in a variety of specialties and are approved by the Board of Directors of The Summer Medical Institute. Faculty are selected based on excellence in patient care and community relationships, and on their ability to serve as role models. All faculty are volunteers. In addition, on-site faculty from the Valley Baptist Family Practice Residency are involved in the teaching and health care delivery aspects of the SMI.

Requirements: Participants are required to fully participate in all aspects of the project for the duration of the project. A minimum of four weeks is necessary to qualify for elective credit.

Cost: There is no cost to the participant. Incidental expenses are not provided.

Housing: Housing and weekday meals are provided for this elective.

Credit: Four-week elective credit is offered by the Summer Medical Institute in compliance with the elective policies of the participant's institution and is contingent upon approval from the institution. Generally, elective credit is given in family and community medicine or as a special elective, though possibly also in internal medicine or pediatrics. Students in both pre-clinical and clinical years have received credit, depending on the institution's requirements and policies. A list of schools giving elective credit in previous years is provided in the Appendix.

Evaluation: Course directors and faculty provide performance evaluations at the conclusion of the project. Criteria for evaluation include: initiative, enthusiasm, professional attributes, participation, clinical skills, cognitive abilities, maturity, and judgment. Evaluations from participants' institutions are also completed by the course directors.

Sample Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Breakfast on Your own</i> WORSHIP in local churches	<i>8am-Breakfast</i> (Free Day)	<i>8am-Breakfast</i> PROJECT MANAGEMENT (Clinic Prep)	<i>8am-Breakfast</i> TRAINING (SMI Faculty)	<i>8am-Breakfast</i> LEADERSHIP TRAINING (others-free time)	<i>8am-Breakfast</i> INSTITUTE WORKSHOPS (SMI Faculty)	<i>8am-Breakfast</i> MEXICO CLINICS
<i>Lunch on own</i>	<i>Noon - Lunch</i> (Free Day)	<i>Noon - Lunch</i> TEXAS CLINICS	<i>Noon - Lunch</i> MEXICO CLINICS	<i>Noon - Lunch</i> TEXAS CLINICS	<i>Noon - Lunch</i> INSTITUTE WORKSHOPS (SMI Faculty)	<i>Lunch on site</i> MEXICO CLINICS
<i>Dinner on own</i> SMALL GROUPS	<i>6 pm - Dinner</i> WEEKLY MEETING	<i>Dinner on site</i> TEXAS CLINICS	<i>Dinner on site</i> MEXICO CLINICS	<i>Dinner on site</i> TEXAS CLINICS	<i>6 pm - Dinner</i> (Free Evening)	<i>7 pm</i> PROJECT SOCIAL

Students average around 30 hours per week in the medical clinic portion of the schedule and another 12 to 15 hours in clinic preparation and educational workshops:

- **Orientation Week** (4 days): concentrated training in public health education, medical protocols, OSHA requirements, along with cultural training and community-oriented activities
- **Medical Clinics-Texas** (2 days per week): offering health screenings (hypertension, diabetes, bike safety/bike helmets), conducting health surveys and linking those interested with local healthcare providers and community organizations, under the supervision of Valley Baptist Family Practice Residency Faculty
- **Medical Clinics-Mexico** (2 days per week): offering full health clinics (triage, histories and physicals, basic procedures, pharmacy, counseling, referrals for follow-up) under the supervision of VBFPR Faculty
- **Institute Workshops** (1 day per week): Workshops and lectures on biblical healthcare, personal development and leadership training in the health professions
- **Family Practice Clinic Rotations:** Students also rotate through the Family Practice Residency Clinic one or two days each during the summer, shadowing faculty and seeing patients under the supervision of VBFPR faculty.

Schools which have given elective credit for participation in SMI

- Drexel University College of Medicine
- Georgetown Medical School
- Jefferson Medical College
- Medical College of Georgia
- Medical College of Virginia
- Medical University of South Carolina
- Ohio State University School of Medicine
- Penn State University School of Medicine (Hershey)
- Philadelphia College of Osteopathic Medicine
- Temple University School of Medicine and School of Pharmacy
- University of Alabama at Birmingham School of Medicine
- University of Pennsylvania School of Medicine
- Vanderbilt University School of Medicine
- Wake Forest University, Bowman-Gray School of Medicine

Appendix Summer Medical Institute Presentations and Publications, 1992-2006

Summary of Presentations

Abstract Title	Meeting	Date, Location
An Effective Urban Bicycle Safety and Helmet Distribution Campaign.	Pediatric Academic Societies/Society for Pediatric Research Joint Meeting	May, 2001 Baltimore, MD
An Effective Model For Immunization Outreach And Partnerships.	CDC 30 th National Immunization Conference	April 11, 1996 Washington, D.C.
Undiagnosed Asthma in Latino Inner-City Philadelphia.	American Academy of Allergy and Immunology	February 27, 1995 New York, NY
An Effective Program For Administering Immunizations To Inner-City Children.	Southern Society for Pediatric Research	February 4, 1995 New Orleans, LA
Effective Anemia Screening In An Inner-City Latino Population.	Southern Society for Pediatric Research	February, 1995 New Orleans, LA
Asthma Care In Inner-City Latino Children	American College of Allergy and Immunology	November, 1994 San Francisco, CA
Asthma In An Inner-City Latino Neighborhood.	American Academy of Allergy and Immunology	March, 1994 Anaheim, CA
An Immunization Program In An Inner City Latino Barrio.	Southern Society for Pediatric Research	February, 1994 New Orleans, LA

Summary of Abstracts and Publications

Armstrong GT, Wang HC, Pulliam PN. An Effective Urban Bicycle Safety and Helmet Distribution Campaign. *Pediatric Research* 2001; 49:158A.

Oliver RE, Pulliam PN, Rupp NT. Undiagnosed Asthma in Latino Inner-City Philadelphia. *Journal of Allergy and Clinical Immunology* 1995; 95 (1), Part 2:268.

Pulliam PN, Oliver RE, Rupp NT. An Effective Program For Administering Immunizations To Inner-City Children, *Journal of Investigative Medicine* 1995; 43 (Supplement 1):60A.

Shaffner MR, Rupp NT, Pulliam PN, Sabio H. Effective Anemia Screening in An Inner-City Latino Population. *Journal of Investigative Medicine* 1995; 43 (Supplement 1): 60A.

Senior Task Force, the Summer Medical Institute. Crisis Intervention – Health Care in Inner-city Philadelphia: A Principle-centered approach to Health Care Reform. Patrick N. Pulliam, principal author. Augusta, Georgia: The Summer Medical Institute, January 1995.

Pulliam PN, Finley TE, Puckett KR, Dolen WK, Rupp NT. Asthma In An Inner-City Latino Neighborhood. *Journal of Allergy and Clinical Immunology* 1994; 93 (1), Part 2:294.

Rupp NT, La France WC Jr, Hixon RL III, McGaha P, Pulliam PN, Klaus CC. An Immunization Program in an Inner-City Latino Barrio. *Clinical Research* 1993; 41 (4): 791A

