THE EXPECTATIONS

• Develop clinical skills
• Transform classroom knowledge to practical know-how
• Gain perspective of Nashville’s underserved communities
• Understand Organizational Management
• Establish an on-going relationship with UNHS
THE EXPOSURE | JUNE – SEPT.

• 200+ Hours
  • Clinical Team Involvement (50 hrs.)
  • Management/Leadership Development (42 hrs.)
  • Community Health & Outreach Events (100 hrs.)
  • Field Training/Exposure (40 hrs.)

• Most frequented sites:
  • Main Street
  • Southside (JC Napier)
  • Cayce

• Clinical Shadowing
  • Dr. Junior Experience
  • Dr. Boaten Experience
THE EXPOSURE | MOBILE HEALTH EVENTS

THE TANGIBLES

• Participated in 11 Mobile Health events across Nashville
• Provided Blood Pressure, Glucose, and Cholesterol screens to over 100 patients
• Offered Nutrition advice to over 100 patients

THE INTANGIBLES

• Developed confidence in communicating health information to diverse patients
• Gained an understanding of how to coordinate health fair events.
THE PROJECTS

• Clinical Scenario
  • Time Key: 06:35 – 09:45

• Establishment of 12 South
  • Time Key: 12:46 – 18:00

• Evaluation of the Diabetes Program
  • Time Key: 09:47 – 12:44

• Needs Assessment of Mobile Health Van
  • Time Key: 18:02 – 23:40
CLINICAL SCENARIO

• **Objective**
  • Create solutions to a clinical scenario, that involves management of personnel, development and implementation of protocols to retain personnel
  • Overarching – gain exposure to the executive decision-making process

• **Key Points**
  • Seek short term and long term solutions
  • Never compromise the quality of care
  • Rethink how resources are used; be innovative

• **Difficulties**
  • Limited understanding of the administrative side of health care delivery
  • Some plausible solutions come with negative effects (i.e. reduction in staff)

• **Outcomes**
  • There are no right or wrong answers; must practice making tough decisions
PCLP Assignment
By Italo M. Brown, MPH

How do you ensure safe levels of staffing without sacrificing patient care?

The primary objective here is to sustain the appropriate staffing without compromising the caliber of care delivered by UHC. Company regulations suggest that this dynamic hinges upon the number of MDs and FNP s on staff. Current capacity is at 9 MDs and 8 FNP s – spread over 15 clinic sites. There are three ways to address the capacity issue while preserving quality patient care: 1) Hire new personnel, with an emphasis on FNP s; 2) Modify the current clinic structure by redistributing resources; 3) Incentivize providers and staff to continue working at optimal levels.

1) UHC should execute an immediate hire order of 5 FNP s and 3 MDs, with the expectation that newly hired FNP s will be on staff one month from the hire date; MDs have a mandatory 6-month interview/clearance period, thus newly hired MDs will join staff at a delayed interval.
   - It should be noted that hiring staff is a time-intensive process; under these considerations, any change will exhibit a lag period.
   - However, by addressing UHC staffing issues, there will be an attenuated impact rather than a quick fix.

2) Given the current staffing capacity, UHC should consider a redistribution of resources. With 15 sites the following structure is possible:
   - Clinical care team consisting of:
     - 1 MD
     - 1 FNP
     - 2 MA s
     - 2 CSS
   - Each clinical care team is assigned 2 sites; sites will be ranked by patient panel size, and patient traffic/volume (1 – highest, 5 – lowest).
     - A clinical care team will be assigned complementary sites (i.e. a level 1 and a level 5 pairing).
     - Monday, Wednesday, and Friday will be priority days for the higher ranked sites.
     - Tuesday & Thursday will be priority days for the lower ranked sites.
THE EVALUATION

A CLOSER LOOK AT THE UNHS DIABETES PROGRAM
EVALUATION OF DIABETES PROGRAM

• **OBJECTIVES**
  • Identify working elements
  • Develop an adoptable idea

• **WHAT’S WORKING**
  • Participants at varying levels of engagement
  • Exercise classes & “Self-Appreciation” efforts = well-received

• **WHAT’S NOT WORKING**
  • Nutrition components are limited by deeper SOCIAL issues (i.e. Food Stamp usage and knowledge)

• **WHAT CAN BE DONE**
  • Develop an informational brochure targeting this issue
ESTABLISHMENT OF 12 SOUTH

DEVELOPING THE BRAND IN ALIGNMENT WITH UNHS
ESTABLISHMENT OF 12 SOUTH

• **OBJECTIVES**
  • Gain Perspective
  • Aid in Transition
  • Create Materials

• **STRONG POINTS**
  • Knowing the Community we will be serving – Lynn Stewart
  • A culture conscious brand of care delivery

• **OBSTACLES**
  • Administrative hurdles
  • Resistance to program adoption

• **HOW TO OVERCOME**
  • Develop an EPK that gives a face to 12 South and its mission
Hi. I'm Sofia. I understand the importance of family. When we all work towards a common goal, collectively, we make things better.

Hi. I'm Julian. I come from a community like yours. And that's why I can help make things better.

Hi. I'm Calbert. I come from a multicultural background. No matter what your situation is, I believe we can help make things better.

12 South Community Clinic is a student-run free clinic under the supervision of faculty physicians at Meharry Medical College.

**WHO WE ARE**

- Address Healthcare Disparities
- Provide Free, Quality Care to Nashville underserved
- Inspire the Next Generation of Primary Care Providers

**WHAT WE OFFER**

- Free primary care services
- After hours access to care
- Patient Assistance

**OUR GOALS**

**EVERY THURSDAY**

6PM - 9PM

WAVERLY FAMILY CLINIC
1501 12TH AVENUE SOUTH
NEEDS ASSESSMENT | MOBILE HEALTH UNIT

• **OBJECTIVES**
  • Identify the needs of the communities MHUs serve
  • Identify resources that would help MHUs deliver care more effectively

• **KEY POINTS**
  • MHUs are untapped health real estate
  • People respond to the MHU presence – once adequately informed

• **AREAS OF NEED**
  • Equipment
  • Workflow
  • Tracking

• **Outcomes**
  • Streamline the experience with smart tools
  • Tap into student reservoirs to develop support around MHU initiatives
  • Transfer Metrics & Performance Measures
THE CONCLUSION

• An Unparalleled Experience
• A Word about Confidence – Skill vs. Talent
• Hallmark Moments – The Supreme Court Ruling; The Classroom Victory
• The Seed Planted – On-going Commitment
ACKNOWLEDGEMENTS

- UNHS Executive Members: Dr. Mary Bufwack & Dr. Keith Junior
- Site Mentor: Mr. Will Wyatt
- Faculty Mentor: Dr. Dana Marshall
- Outreach Mentor: Mr. Lynn Stuart
- Clinical Shadowing Mentor: Dr. Afua Boaten
- PCLP Scholar: Mallory Hubbard (SLU, M.D. 2015)

- GE
- National Medical Fellowships
- UNHS Family
- Meharry Medical College