# OVERCOMING BARRIERS TO CARE: USING THE ADVOCATE RONALD MCDONALD CAREMOBILE IN PEDIATRIC RESIDENCY TRAINING

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In 2013, the Advocate Ronald McDonald Care Mobile (RMCM) expanded services to cover the uninsured and underinsured in the suburban area surrounding the main site for the Pediatric Residency Program. This offered the ability to transform a service opportunity into a learning environment for residents.

# Goal(s) of the Curriculum

- 1. Residents will provide physical examinations, immunizations, health education and referrals to patients from a variety of ethnic and cultural backgrounds during the school day
- 2. Residents have the ability to step away from the hospital walls and increase their knowledge of the environment in which their patients live and learn.

# **Program Objectives** (Why this experience was created?)

- 1. Provide an additional opportunity for residents to see first-hand the health disparities in our community
- 2. Foster resident independence and interprofessional collaboration
- $oldsymbol{3}$ . Assist residents in thinking about social determinants of health in our patients by bringing them in to their home and school environment

# **Resident/Fellow Learning Objectives**

(What resident/fellow will learn?) (Bloom's Taxonomy)

- 1. Residents will focus on the essential component of mobile health delivery of preventative services and immunizations to the underserved in the community.
- 2. Residents learn about the basics of the uninsured population, how to help patients and families obtain insurance, and the legislative background of school and mobile health
- **3.** Residents have the opportunity for weekly visits, increased interprofessional work and a pre-preparation curriculum with information regarding the specific school communities is in process.

# **Educational Strategies/Activities**

(Miller's Pyramid)

- 1. Residents will ask appropriate questions of students regarding social, cultural and nutrition history in a culturally sensitive manner, without parents present
- 2. Residents will have a higher volume of patient interactions in a mobile unit session, allowing them to increase efficiency and diagnostic exposure
- 3. Residents will understand that a treatment plan for whole child wellness does not exclusively include the typical medical toolbox, but all social determinants of health

### **Learner Assessment**

(How is the learner assessed for success? Results?)
Each resident receives an evaluation from the supervising attending or APN based on the following

- 1. Ability to gather essential information about a child without their parent present (PC1)
- 2. Effective communication across socioeconomic boundaries (ICS1)
- 3. Demonstration of compassion and respect for others (PROF1).

# **Program Evaluation**

**How** is the experience/rotation assessed for success? Results?

During the past 2015-2016 academic year 92% of interns, 100% of PL2s and 54% of PL3s provided school-based services.

The experience consistently gets highest marks on the internal annual program evaluation.

### <u>Implementation</u>

Collaborators? Resources? Skills? Faculty Development? Barriers?

Integral to program success is collaboration with APNs, school nurses and each patients PCP.
Initially residents participated during Outpatient (PL1) and Community (PL2). Chief Residents help now to schedule during electives for continued PL3 involvement.

### **Lessons Learned**

Need a pre-participation curriculum (in development), to set a framework before the day of the mobile unit visit.

Incorporate specific health and wellness curricula for teaching to students on site visits.

Need to develop a longer rotation that includes advocacy around coverage for the uninsured and community resource utilization

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