Program Objectives

Objectives for Patients
- Set and maintain personalized goals related to health
- Prioritize preventative health, access to care, food and housing security, and forming healthy habits
- Utilize primary care and avoid unnecessary Emergency Department visits
- Receive high-quality, compassionate, cost-conscious care from an interprofessional team

Objectives for Medical Students
- Early practical experience with patient-centered interviewing, longitudinal care, and management of chronic health conditions
- Specialized didactic training in motivational interviewing, behavior change counseling, and medical documentation
- Navigate the health system first-hand from the patient’s perspective
- Real-life experience on an interprofessional health care team of physicians, APPs, care managers, social workers, and other students

Intervention

- Patients are identified from the Duke Outpatient Clinic by a clinician mentor based on the following characteristics:
  - High needs
  - Complex medico-social background
  - High utilization of the ED
  - Pairs of first-year medical students serve as a patient liaison to one patient
  - Each team of first-year students is supervised by an upperclass medical student and a clinician mentor that is familiar with the patient (Figure 1).

Goals for Patients
- 7 of the 10 patients will be seen in the ED fewer times than last year
- 7 of the 10 patients will reduce their percentage of outpatient no-shows
- 3 of the 10 patients will go to the ED two or fewer times during the year

Goals for Medical Students
- 18 of 20 enrolled MS1s will self-report an improvement in 3 of the following:
  - Comfort assessing and managing common chronic disease states
  - Comfort addressing goal setting and health maintenance with patients
  - Comfort connecting underserved patients to local community resources
  - Comfort with medical documentation in the electronic health record

Sustainability & Future Directions

Continuity of Leadership
- The student executive leadership committee maintains primary ownership of program leadership, and this group consists of students across multiple academic years.
- Next year’s leadership team (2020-2021) has been recruited and will consist of 2 MS4s, 3 MS3s, and 5 MS2s.
- The program’s core faculty leadership remains constant from year to year.

opportunities for Improvement
- Interprofessional collaboration with students from other schools, i.e. nursing, PT, and MSW students
- Expansion of eligible patient population to additional clinical sites
- Further integration in the medical school curriculum, formal student leadership opportunities
- Formal partnership with other student groups, i.e. Root Causes, Fresh Produce Program

Funding
Albert Schweitzer Fellowship, North Carolina Chapter
Duke University School of Medicine: Chancellor’s Service Fellowship, DukeMed Engage
Duke University Medical Center: Dept. of Community & Family Medicine, Dept. of General Internal Medicine
Camden Coalition
Primary Care Progress
Association of American Medical Colleges

Acknowledgements
Student Executive Leadership Committee: Lefko Charalambous, Tressa Elliett, Norah Karlovia, Akash Patel, Lee Schmidt, Divya Uthappa
Faculty Leadership: Alison Clay MD, James Fox MD, Nancy Wingle MD, Mitchell Heflin MD, Gregory Brown MD
Duke Outpatient Clinic Leadership: Alex Cho MD MBA, Marigny Bratcher BSN, Laurie Germaine BSN, Jan Dillard MSW, Holly Causey PharmD
All photographs of patients and participants obtained and displayed with written consent.
Protocols for the collection of patient and student outcomes separately reviewed and determined exempt by the Duke University Health System IRB.