Street Medicine Before It Was Called Street Medicine
35 Years of Lessons Learned

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Introduction/Background

In 1989, medical students walking on their way to school through UCLA's Westwood Village, noticed the same people living in the same streets with open wounds, infection, and generally poor health. So they asked their Family Medicine physician faculty to accompany them back to the streets. This began the UCLA Student Run Homeless Clinics (SRHC), bringing decades of continuous weekly medical services to homeless street dwellers throughout Los Angeles.

Initially called Wound Walks, other names have included Water Walks, Prayer Walks, Street Rounds, and the current popular phrase ----- Street Medicine. The dual goal has always been the same, to provide low barrier, compassionate care to people experiencing homelessness (PEH) where they're at while educating future physicians. Our homeless medicine courses have provided longitudinal learning experiences for ***over 1300 students and 37,000 patients.***

Over the decades, SRHC expanded to include foot care, family-centered care, infectious disease screening and prevention, mental health, care inside shelters and transitional housing.

Photo 1.
Long-time street dweller in Westwood

Objective

To review successes and not-so-successful strategies, improve quality, and compile a list of lessons learned and practice pearls to share with like-minded compassionate students and physician educators worldwide serving people experiencing homelessness (PEH).

Methods

A comprehensive qualitative review of 35 years of clinical summaries, progress notes, student reflections, course evaluations, GQ survey, 107 interviews with SRHC students of all levels, attending physicians, case managers, other student-run clinics, as well as community outreach staff, chaplains, police, and patient satisfaction commentary.

Results

CORROBORATED ASSUMPTIONS

- We're guests on their turf
- No street dwelling PEH get a good night's sleep
- PEH are in constant state of Sympathetic Nervous System overdrive, "fight or flight"
- Substance use, mental illness are drivers of homelessness
- Housing and jobs are available
- Service organizations, case managers are available
- Everybody has (or will have) MSK aches, derm problems
- Medical problems decompensate quicker on the streets due to lack of hygiene, nutrition, access to care, priority shifting
- Barriers to care persist, starting with the lack of Identification Cards (ID)
- Judgementalism is palpable, esp to someone with PTSD, IPV, and history of being beaten down by service delivery system

LESSONS LEARNED

➢ **Operations**

- Large vehicles and vans have their place, but can be obtrusive and incite fear, "Doc, don't get in the van, they'll take you!"
- Walking the streets, just like the clients do, earns you more street cred and trust **(Photo 2)**
- No need for lots of supplies, you'll mainly need what fits in a large backpack

➢ **Academics**

- Incorporate homeless medicine into all aspects of your 4-year curriculum: early clinical, basic sciences, clerkships, electives, scholarly projects
- Place equal emphasis on teaching clinical topics and social determinants
- Look for educational grants, join national and local student-run societies
- But a program like this, providing a longitudinal, unique learning experience for over ***1300 students and care to 37,000 underserved patients*** is only sustainable with consistent funding from the health system and medical school education budgets

➢ **Medical Practice**

- *Key lesson: you may never find this patient again, given constant geographic movement, treat as if you'll never see them again.*
- Overtreat. Eg. If uncertain, treat 3 skin conditions all at once, fungal on bacterial on inflammatory
- 80% of street treatment is OTC products and disposable wound care items
- Always have a ready referral list of local clinics and service orgs

Results

➢ **Approach to the Patient**

- We go to them, they don't necessarily come to us
- Don't stand over them, get down to their level **(Photo 5)**
- Stay out of the tents
- Understand there is justified mistrust of strangers, build rapport, know the encounter may take longer than in standard settings
- Offer your name as an introduction, but if patient is hesitant to reciprocate, don't press for their name and DOB until well into the encounter
- Verbal consent should suffice
- Caution with social trends: There can be harm in Harm Reduction
- Continuity and follow-up are crucial, esp if you promised you'd come back
- DO NOT ASK: Don't you have family who can help you?
- DO ask: our 6 adapted rapid assessment questions: Medical: Any aches or pain? Any itchy skin, rashes, or wounds? Can I take a look at your feet? Social: Are you out here on alone? Do you have a case manager or would you like a referral for one? Do you feel safe?

COMMENTS FROM REFLECTIONS

Student "I hate it when people say there's no health care for homeless and underserved? We're doing it right here! We saw 30 people tonight. It's free. We saw them last week, too. They got better. I'm gonna always do this, even when I get a real job as a surgeon. I'll donate money to buy meds, just find me!"

Patient "If it wasn't for that student saying good morning to me today, it was going to be my last." "The student actually looked at me and said hello! No one wants to look at me." "Smiling at me doesn't commit you to anything. And it can't get you sick."

Tenured Hospital Attending "On the wards, I can always spot a student run-clinic kid from a mile away. They're self-sufficient, know their stuff, don't whine, and can get the job done."

Discussion

- **UCLA Dept of Family Medicine Student Run Homeless Clinics appears to be the first program to start Street Medicine** as an educational and patient care program in 1989. Many medical schools and community clinics followed.
- Teach a Family-centered, holistic approach for the increasing number of families on the streets, and also for the single adults.
- Partnering with social services, shelters, other street outreach teams is essential educational experience. Respect each team's geographic "turf."
- Allowing students step-wise increase in management responsibilities preserves idealism and compassion, prepares them very well for residency.

Photo Stories

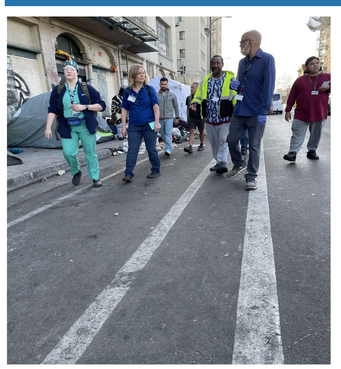

Photo 2. Team walking Skid Row streets

Photo 3. Make-shift table of cardboard box on street site at St. Francis Center

Photo 4. Medical student learning wound care

Photo 5. Getting down to patient eye level

Photo 6. SRHC seniors at street encampment in Harbor City

Photo 7. Three generations of SRHC: student, resident, now attending MD