Community Resource Activity: Instructor's Guide

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Goal: To practice identifying community resources that are available to meet the needs of their patients.

Estimated Time: 45 minutes

Recommended Group Size: <12 Medical students (Optional: equal number of Medical students and other health professions students such as Nursing, Master of Public Health and/or Social Work students)

Outcome Objectives:

1. Students will be able to explain the role community resources play in promoting health.
2. Student will be able to identify local community resources that meet the specific needs of their patients.
3. Students will recognize the importance of collaboration with team members who may provide future support for accessing social services.

Potential Integration Points

Course Topics: Family Medicine, Geriatrics, Health Care Needs of Medically Underserved Populations, Health Disparities, Interprofessional Education, Public Health Issues/Systems

Physician Competencies Reference Set (PCRS) Domains: Patient Care, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Systems-Based Practice, Interprofessional Collaboration

Physician Competencies Reference Set (PCRS) Competencies:
1.8Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes.
3.9Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care.

Physician Competencies Reference Set (PCRS) Competencies: Entrustable Professional Activity (EPA):
4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies.
7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.
9. Collaborate as a member of an interprofessional team.

Background

Physicians are trained to promote health and wellbeing through the provision of medical care. However, many of the factors that impact people's health and wellbeing are outside the realm of medical care (i.e., jobs, affordable housing, transportation, emergency financial assistance). This activity provides medical students with an opportunity to explore the social support resources that patients in their community would be able access, by having them search for resources that would meet the needs of one of the patients described in the student handout. The case scenarios provided may seem to be incomplete or have extraneous details, since that is often the nature of data clinicians request. This gives students an opportunity to practice identifying relevant information and problem solving when reports are incomplete.

Optional: Interprofessional Aspect

It is recommended that this activity be used for interprofessional education, if possible. Pairing medical students with other health professions students (e.g. Nursing students who may focus on discharge planning; Master of Public Health students who may focus on community resources and partnerships; or Social Work students who may focus on referring patients directly to services and working with the patient through non-medical decision making) provides an opportunity for the medical students to learn from their colleagues and practice interprofessional collaboration. It also allows other health professions students to learn more about clinical problem solving and resources with which medical students are more familiar. Some wrap-up questions below are designed specifically for interprofessional education.

Optional: Take Home Activity Structure

This activity can also be used as an independent activity. Rather than researching community resources in class, students can be assigned a case, complete the online search at home and the wrap up discussion can be held in the next class session. This could also be utilized in team-based learning.

Activity Outline

1. Pair students and explain the assignment [2 min.]
2. Assign individual students or student pairs a patient [2 min.]
3. Allow students time to search for resources [15 min.]
4. Have each student or pair present what they found [20 min.]
5. Wrap-up Discussion [8 min.]

Wrap-up Discussion Prompts

1. Were you able to find resources that would benefit your patient?
2. What was the most challenging aspect of completing this task?
3. Was there anything about completing this task that was surprising for you?

Interprofessional Wrap–up prompts

1. What are you going to take away from your experience working with students from other disciplines
2. How might individuals from each of the disciplines contribute to the best overall outcome for the patient?

Note

- This activity is designed with the option to be an Entrustable Professional Activity (EPA) but can also work well with a group comprised only of medical students. Facilitators may need to guide students, regardless of discipline, to consider the priorities of the patient and to use creativity to find community resources that could meet the patient's needs.
- If students have had an opportunity to have encounters with patients, especially those with disability, during their clinical experiences, students can use these patient encounters as the basis to identify resources that could be beneficial. This would help to increase the personal connection the students have to this experience.

Patient Notes

1. **Connor**
   Types of Services Needed: MS support and financial assistance services
   Possible Resource(s): National Multiple Sclerosis Society

   Connor is a 55-year-old man who has been diagnosed with Multiple Sclerosis (MS). He has a new below knee amputation of his left leg. Prior to this admission, he had been using a cane for mobility. Now he uses a walker and a wheelchair; once his incision heals more, he will be fit for a prosthesis, but he will need a walker or cane and will still require a wheelchair for long distances. He lives independently at home, but his home needs to be modified for accessibility to accommodate use of a walker and wheelchair, such as a ramp for the entry and a shower bench. Connor lives alone, and reports feeling increasingly isolated. Based on this information about Connor, what community resources might be helpful for him?

   Instructor Note: Connor has two primary needs. First, Connor needs to make necessary modifications to his home. Many (but not all) insurance carriers will provide funding for a wheelchair and shower chair, with appropriate documentation, but not for ramps or building a ramp. Many insurance companies also may not cover a shower chair, in which case the patient may want to check local retailers, online vendors, or a loan closet. A loan closet is a local program that allows patients to borrow durable medical equipment. Connor may be able to apply for a grant to assist with home modifications. The National Multiple Sclerosis Society is a good place to find resources. Second, Connor has reported feeling isolated, and would benefit from support groups or other programs designed to build community. Such programs might help to improve Connor's wellbeing, and allow more participation in the community. This and the modifications to his home would enable him to continue to live independently despite recent changes in his ability. Often social workers, case managers, rehabilitation (vocational) counselors, and psychologists can be helpful with adjustment to increasing disability.

2. **Alice**
   Types of Services Needed: Employment, housing, and custody support
   Possible Resource(s): counsel regarding custody concerns, continued addiction recovery support

   Alice is a 35-year-old woman who has been diagnosed with HIV and Hepatitis C. Alice has a history of drug abuse and is insured through Medicaid. She lost custody of her two children as a result of her struggle with addiction, but has

expressed interest in getting back full custody of her children. She has permanent housing, and has been drug-free for 9 months. What resources might help her as she works to regain custody of her children?

Instructor Note: Alice likely qualifies for many services. Understanding the patient's interest in gaining custody of her children is important for understanding her priorities. Also consider what services might be unavailable if, for example, the patient weren't HIV positive, and the implications of the criteria needed to qualify for the services found. A rehabilitation counselor may be helpful in discussions of employment or return to work. A social worker may be helpful in dealing with the custody issues, but ultimately legal counsel may be needed. Identify a local free legal clinic to recommend to the patient.

3. **Michelle**
   Types of Services Needed: Transportation services
   Possible Resource(s): Medical transport available to Medicaid eligible patients. However, note that other transportation services are expensive or limited based on location or distance traveled.

   Michelle is a 40-year-old woman who has sustained a concussion and has had continued symptoms. Due to her concussion and ongoing symptoms, she has been advised not to operate a motor vehicle. However, Michelle lives approximately 50 miles away from her health care provider's office and outpatient rehabilitation services. She has expressed frustration at her lack of independence and is concerned about getting to her medical appointments without relying on friends or family. Michelle is unclear about her present insurance or Medicaid eligibility. How might you be able to address Michelle's transportation concerns?

   Instructor Note: Insurance plans are all different, but usually do not cover transportation costs for medical appointments. It is important to note that without Medicaid, this patient's transportation options are likely either very expensive or are not available. Utilizing the Federal Communications Commission (FCC) designated dial code 211 for Essential Community Services to identify transportation services might be a good first step, then these could be narrowed based on the patient's needs. Local communities may also have online iterations of 211, which allow individuals and service providers to browse community resources online. In addition, to more reliably assist this patient (who has continuing post-concussion symptoms), involvement of a case manager, social worker, or rehabilitation counselor to work with her through her insurance issues would be helpful.

4. **Nicole**
   Types of Services Needed: Full-time care services
   Possible Resource(s): home nursing and personal support

   Nicole is a 35-year-old woman who was recently in a motor vehicle accident. She sustained multiple injuries from the accident. She has a temporary colostomy because of intra-abdominal injuries and the left mid shaft femur fracture was repaired with internal fixation. She requires IV antibiotics for a total of 6 weeks (now in her 2nd week). Nicole is now in an inpatient rehabilitation facility (IRF). She is progressing with walking (precaution is weight bearing as tolerated) and temporarily uses a wheelchair for mobility (her preference because of abdominal pain with walking activities). She can walk short in-home distances with a walker safely. She is learning to care for her ostomy but needs periodic supervision. She will require support for her home IV program. She is independent in toileting, in dressing (assuming clothing is easily donned/doffed) but needs assistance for showering. Nicole cannot leave the IRF without home care to support her ostomy/IV needs through a home care agency, assist with some activities of daily living (ADLs) and to continue therapies in her home. She is new to the area and does not have any family living nearby to assist. What solutions might there be to help Nicole transition to living at home?

   Instructor Note: This patient's needs are complex, now needing periodic nursing for her ostomy, assist for her ongoing IV antibiotics, therapies to progress her mobility and ADLs, and personal assistance (e.g., showering, washing her hair, shopping, cleaning, possibly some cooking, transportation). Some of these services may be covered by her insurance, but many may need to be covered personally by Nicole (e.g., personal assistance). She will require services for at least 4 weeks (IV needs), and possibly longer. Medicaid might support some of these needs, but it is unclear if she will qualify. Nicole's situation is especially difficult because she does not have a strong support system in the area. The case manager or social worker can be helpful in trying to identify insurance options. The hospital may have services to assist with Medicaid applications. Legal services may be required if Nicole needs to "spend down" in order to qualify for Medicaid. Consider the ramifications of this when the patient recovers, no longer requires services, and does not have savings on which to rely. Since Nicole is new to the area, she may also need a referral to a primary care provider in the area.

5. **Randy**
   Types of Services Needed: Veteran community support.

Possible Resource(s): VA, VFW, American Legion

Randy is a 75-year-old man who has been diagnosed with a cerebellar disorder. He is a military veteran, living in a neighboring county. His cerebellar disorder is unrelated to his previous military service. He has tremors, uncoordinated movements of his arms and legs, and slight slurring of speech, which makes him uncomfortable interacting with others. He says he feels self-conscious interacting with people with whom he doesn't have something in common, such as people who don't understand his disability or his military service. Randy requires some assistance with activities of daily living and he currently has minimal access to home care services (4 hours every two weeks). This may not be enough time to assist him to the extent needed. Randy has indicated that he is having a difficult time coping with his new diagnosis. Are there any community services that might help Randy?

Instructor Note: Randy will have access to many services for veterans. Connecting him with a case worker or a resource center may help him access the VA services for which he is eligible. If a VA medical center is in close proximity, referring Randy there for neurologic or primary services may help him to connect with other needed services, including support groups or counseling. A VA social worker may also be able to assist Randy in identifying services. There may also be national advocacy groups, such as the National Ataxia Foundation, that may have a chapter and support group nearby. This patient would benefit from interaction with others who understand his perspective, either as a veteran or as a person with disability. He may also need other support services and home care, and may benefit from resources at the local Office of the Aging.

6. **Sara**

Types of Services Needed: Child care during recovery period
Possible Resource(s): Stand-by guardianship program, allowing the patient to temporarily re-assign custody of her child.

Sara is a 30-year-old woman who was recently diagnosed with Guillain-Barré syndrome (GBS). She was hospitalized for 2 weeks and has just been transferred to an inpatient rehabilitation facility (IRF). She will likely remain in the IRF for about three weeks. Once she is home, she will be able to manage self-care but may need assistance for other activities of daily living, including some meal prep, cleaning, shopping, and transportation. Sara has a three-year-old daughter whose father was recently released from prison on parole. Sara does not get along with her daughter's father and does not want her daughter to interact with the father in any way. She especially does not want her daughter in his custody.

Sara's aunt was able to care for her daughter while she was in the hospital, but now needs to return to work. Sara does not have any other family in the area who could care for her daughter during Sara's time in the IRF or help out once she is home. Is there any way that Sara can find full-time care for her daughter without losing custody while she recovers? Other issues to consider in discharge planning are insurance coverage and home care for Sara.

Instructor Note: Sara will likely need to consult legal counsel. Furthermore, she may be able to access services which provide temporary guardianship for children; this will allow her to maintain custody of her daughter in the long term despite her current health issues. Social work, case management, rehabilitation counseling are resources she can access through the inpatient rehabilitation facility IRF. Sara should have a local primary care physician, if she does not, one should be recommended. Sara would benefit from working with a social worker to determine the best options for her in terms of local resources and having a complete discharge plan.