

2013-2017 MetroPAP End-of-Year Essays Summary

MetroPap (Broadway Family Medicine)

2016-2017

“I had been planning on applying to the MetroPAP program since my sophomore year of undergrad. This program is a reason I chose the University of Minnesota for medical school. I first heard about the program from [one of the Broadway FM faculty] when I traveled with him to India in 2012. He promised mentorship, community involvement, and longitudinal care. Now, several years later and having completed the MetroPAP program, I can say for myself that those are some of the strongest aspects of the MetroPAP curriculum.”

“I do not come from a family of doctors, and adjusting to the lifestyle of being a physician was one of the scariest aspects of entering 3rd year of medical school. In the MetroPAP program I found mentorship from resident and staff physicians that has helped me become more familiar with what my future as a physician will look like. These mentors have had time to get to know me personally, outside of medicine (ex. one resident now plays as a substitute on my recreation soccer team), and I feel are truly interested in helping me succeed in my medical career.”

“In addition to clinical responsibilities, the MetroPAP program offers a chance to learn about a community (for me, North Minneapolis). There are ample opportunities to volunteer in the community (The Ladder, Exodus House, The Bridge, etc). The program also encourages students to attend monthly CHAT lectures, which address social determinants of health pertinent to our urban underserved population. MetroPAP differs from RPAP in that you are not required to relocate to the community you’ll serve. This does distance you somewhat from experiencing the true environment your patients will live in.”

“Longitudinal care has been one of my favorite aspects of the MetroPAP program. Because I am particularly interested in obstetrics care, I helped facilitate a Group Prenatal Class over the course of the 9 months of MetroPAP. I met the eight women in my group at their first prenatal visit and helped care for them all the way through their deliveries. The women I saw for prenatal care were not my only continuity patients. Frequently in clinic I would enter the exam room to find a relative, friend, or sibling of someone I had seen previously. Actually caring for families helped seal the deal on my decision to pursue a career in Family Medicine.”

“Broadway family medicine clinic is a busy clinic that will welcome you with open arms. The residents, faculty, and clinic staff are used to seeing students and excited to foster any unique interests or passions you may have.”

Broadway Family Medicine Clinic and North Memorial Hospital

“The clinic is located in North Minneapolis, a neighborhood with a bad reputation and even worse health disparities. The patient population struggles with a shockingly high prevalence of asthma, diabetes, and obesity (to name a few). Beyond their physical health, patients at BFM clinic live chaotic lives frequently complicated by housing insecurity, drug use, unemployment, and abuse (also, only naming a few). While its true that the neighborhood has some of the worst poverty, lowest average education level, and highest crime rates, its inhabitants also hold some strong pride for the North Side. As a student at BFM clinic you’ll learn about the North Side, for both its strengths and weaknesses.”

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“When working in clinic you will be paired with a resident or faculty to work with. At first they will give you less freedom because you are new to the clinic. Either you will see patients at the same time (which can end up a lot like shadowing) or they will send you into the exam room in advance to gather an HPI. As you become more comfortable and confident the doctors will learn to trust you. Slowly but surely you’ll stop shadowing and move onto seeing the patient on your own. Towards the end of MetroPAP, I was entering the patient room, gathering an HPI, doing a physical, and giving recommendations (with the disclaimer that I would “run all of this by Dr. XYZ to see if they have other ideas”) before leaving the room and presenting the patient to the resident... You will see patients of all ages [with] no shortage of complexity.”

“North Memorial Hospital is only a short drive away from BFM Clinic. Technically it is in Robbinsdale and not Minneapolis. There are no other residency programs in the hospital other than family medicine. This makes the residency an “unopposed” program, where no other residents are present in the same hospital. As a student working with the only residency team in the hospital, I felt that the hospital staff were more open to working with me. There are however other medical students rotating at North Memorial while you are there. This is a nice way to stay connected with your classmates. Most of the physicians who work with students in the hospital know what MetroPAP is, but you may still have to remind them how your curriculum differs from other medical students rotating at North Memorial.”

“One of the major differences between MetroPAP and the standard curriculum is the days you are removed from rotation to complete “MetroPAP Requirements”. You will be gone one day or one half day a week for Continuity Clinic at BFM Clinic. On Fridays you will have lectures from 7:30-Noon at the hospital then “Flex Time” in the afternoon to complete online curriculum required during MetroPAP. Most rotations while you are on MetroPap do not require you to work on weekends. This means that some weeks you will work 3 or 3.5 days on rotation, 1 day in clinic, and 1 day of lectures/study time. Emergency Medicine and Surgery required weekend shifts.”

“In MetroPAP you can become comfortable with the North Memorial system in a couple weeks and spend the next 8+ months focused on learning. I am a huge proponent of apprenticeship geared teaching in medical education. I feel that MetroPAP brings some apprenticeship back into medicine where mentors actually know you and care about your success.”

2016-2017

Your RPAP/MetroPAP Town/City: North Minneapolis

Clinic Name: Broadway Family Medicine

Hospital Name: North Memorial Medical Center

Population: Population of 55411 (zipcode surrounding BFM): 27,428

Area Demographics: (table taken from my CHA final paper, data found with US Census factfinder)

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	North Minneapolis (55411)	City of Minneapolis	State of Minnesota
Race			
White	20.4%	63.8%	85.3%
African American	50.8%	18.6%	5.2%
Income			
Median household income	\$31,705	\$51,480	\$61,492
Unemployment	19.4%	7.6%	5.6%
% population living below poverty level	36.5%	21.9%	11.3%
Education			
% high school graduate or higher	76.5%	88.6%	92.4%
Health Insurance Coverage			
With any health insurance	87.7%	89.4%	93%
With public health insurance	60.5%	30.9%	29.2%

Major Employers or Common Occupation of Residents: Varies

1) What site-specific experiences were you looking for when you applied to RPAP/MetroPAP? I was attracted to MetroPAP for its focus on Family Medicine and urban unserved health, but what attracted me to Broadway in specific were two things: the North Minneapolis community and the residency program.

I have a strong interest in community health and I was interested in how community health was approached in the setting of a large urban area. Whereas in small towns a community may be easy to define, I wondered how you discern the borders and boundaries of a community within a city, how do you work to promote the health of a community when you don't know precisely how to define the community? I had been to multiple CHAT talks and heard about awesome non-profits working in North and I thought this would be a great place to learn how community work within an urban area is done.

The other thing that drew me to Broadway in particular over other MetroPAP sites was the opportunity to work with a residency and see what the life of residents is like and where I can expect to be in just a couple years.

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2) Did your RPAP/MetroPAP experience meet these expectations? **Yes / No**

a) If “yes,” how so?

North Minneapolis was a fantastic community to work within. Despite hazy geographic borders, there is a large number of passionate individuals and organizations focusing on the northside. I continued to learn about actions being taken to improve community health at monthly CHAT talks and at our clinic wide meetings on Tuesday mornings where we often had guest speakers from community organizations come in to speak. I also got to know our social workers and our patient advocate who are experts in the Northside community. I felt that all of the residents and faculty I worked with had interests beyond the individual patient and always focused on what other factors specific to their identity and their community were impacting their lives. Speaking of residents, working within a residency clinic was even better than I could have hoped for. The residents at Broadway are all top-notch, impressively accomplished but at the same time incredibly approachable. While the faculty at Broadway are all phenomenal and equally friendly, it was nice to have that transitional zone of mentors who were slightly closer to peers than to bosses. I was able to form close relationships with many of the residents - joking around in clinic or having serious discussions about the future, going to weekly classes and learning alongside them or being invited to fun activities outside the clinic. I feel like I have a strong idea now of what residency will be like and what I am looking for in a residency.

3) Briefly describe your RPAP/MetroPAP community. What types of patients did you care for with your primary preceptor? In what settings?

Patients at Broadway are as diverse as the area they come from in terms of race, culture, and life experiences. Because of this diversity it is difficult to make broad generalizations about the patient base, but it seems safe to say we see more women and children at Broadway than older male patients. The most common reasons for visits were contraception, STI testing, well child checks or chronic disease management, mainly asthma and diabetes. Of the male patients I saw a large amount were chronic pain patients. Because North Minneapolis is a low income area there are a large portion of socially complex patients at Broadway, which can be challenging but provides an amazing learning opportunity, especially in the setting of a clinic that is set up to address these issues.

4) What will students like about this clinic/hospital/town?

I think the greatest strength of Broadway and North Memorial is the faculty and residents. They are all incredibly approachable and welcoming and very eager to teach. I always felt that I could ask any questions I wanted or could asked to be part of anything - whether that was jumping in to do a procedure or butting in to see a patient I had seen before. I also think that the benefit of Broadway and MetroPAP in general is the ability to explore your own interests. This worked out well even with two students at Broadway because Allison and I had very different interests - she was able to do a lot of OB and women’s health and even join in on group prenatal visits, and I was able to pursue my interest in addiction medicine and participate in the Substance Use Recovery Clinic each week, learning A TON about suboxone and addiction in general from Broadway’s addiction guru.... This flexibility also allows you to address your weaknesses, for instance in the last month when I realized I had hardly seen any OB, I was able to focus on prenatal visits and clinic and got ... the clinical scheduler to help me get in a week of working nights on Labor and Delivery where I

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learned a ton. For someone who is a highly experiential learner, getting this flexibility to address my gaps in clinical knowledge was incredibly helpful.

5) What could be difficult for a future RPAP/MetroPAP student at this site?

The flipside of what an amazing opportunity it is to have so many options and so much flexibility is that this can be overwhelming, especially at the beginning of the program. My advice is to take your time just learning how to work in clinic and getting to know the faculty and residents while exploring different things. Once you get the hang of how things work at Broadway, the world is your oyster.

6) Please describe any extracurricular activities in which you participated while on RPAP/MetroPAP.

After starting MetroPAP I began helping out at the Ladder every month (an unofficial requirement for the students at Broadway) which was a complete blast. [One of the Broadway faculty members] runs an amazing program for kids in North Minneapolis to encourage them to go into a medical field and it's a great way to reignite your child-like fascination with medicine and get to meet some incredibly talented kids. I had a great time recruiting in clinic as well and getting to see kids I had seen for well child checks come in to the Ladder. Other unofficial requirements that were amazing were the monthly CHAT talks and the Broadway "PubMed" journal club, which involves hanging out with residents at Tootie's (a bar down the street from North Memorial) and chatting about an article typically related to that month's CHAT. The Broadway book club is also fantastic. So much to do!

Unrelated to Broadway and North Minneapolis, I also continued working with the Minnesota Transgender Health Coalition at their Shot Clinic, helping trans individuals with hormone injections. This is something I had been doing since 1st year of medical school and I was able to keep my weekly Saturday shift since I rarely had to work weekends during MetroPAP. I was extremely happy to not have to give this up.

7) What were the strengths of your RPAP/MetroPAP experience?

Similar to my answer about what is great about Broadway, the strengths of my experience have definitely been getting to know and work with so many talented and passionate doctors as well as other staff within the clinic. Being able to build trust and relationships with providers and patients over time allowed me to work in a much more independent manner. By the end of my experience, I felt more than ready to start as an intern in Family Medicine.

8) What were the weaknesses of your RPAP/MetroPAP experience?

The rotations weren't quite as "threaded" as they were initially sold, perhaps because I mainly heard about RPAP experiences. Having to do a six week block of surgery a couple months into MetroPAP made me feel a little disconnected from the program, but during that time it was amazing to still be coming back for clinic for half a day a week and to be attending Friday didactics with the BFM residents.

9) Please add any additional comments you'd like to share with future RPAP/MetroPAP applicants.

-Best places to eat near Broadway are definitely Breaking Bread and Avenue Eatery (aka "Sammy's").

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-If you want to sleep in an on call room at the hospital (on the 3rd floor of the main building), go to the security office and ask to be assigned one, they will give you one for 24 hours.

- There is a tiny gym tucked away at the hospital, if you take the tunnel (on the plaza level near the cafeteria elevators) across to the Oakdale building, and just keep going back (through some double doors down a ramp with a large arrow on the wall) you'll find the fitness center. Its typically open from 7 or 8 until 5 or 6. Staff have memberships but for students it's unclear - I just walked in and started doing my thing and never had any problems.

2015-2016

Broadway Family Medicine Residency Clinic (BFM) has been serving North Minneapolis for over 40 years and is home to 30 residents in training (10:10:10) and 16 faculty. The clinic serves a diverse patient population that is predominantly African American, though there are also Hmong, Caucasian, Somali and Hispanic patients. At Broadway you see the full scope of primary care including women's health, physician led group prenatal visits, well child checks, adult medicine, sports medicine, addiction medicine, chronic pain management and suboxone therapy.

As a MetroPAP student, you are at BFM on a weekly basis for continuity clinic as well as two separate 5 and 6 week rotations. At clinic you work primarily with second and third year residents and have the opportunity to see a variety of physician styles. One of the benefits of MetroPAP is that you develop an understanding of what it means to be at various levels of medical training. Working so closely with a residency program, it also puts you in a unique position to better understand what you're looking for and want down the road some day in a residency program.

Besides working at Broadway you have the opportunity to work at Exodus House, a low income transitional housing unit for patients with histories of homelessness who need health stabilization, and The Bridge, a homeless shelter for youth. BFM Residency program additionally puts on the Ladder, a monthly mentorship program for underprivileged kids interested in health related careers, and CHATS -- Community Health and Advocacy Talks -- a monthly program that looks at social determinants of health within the Twin Cities. These extra activities are all considered part of the "MetroPAP curriculum" and add a lot of depth to the educational experience.

Every Friday morning, MetroPAPers are also expected to attend 4-hour intensive resident didactics. Didactics cover a wide range of topics including point of care ultrasound, OB M&M, motivational interviewing, IPV, addiction, implicit bias, racism and refugee health. Here you learn to evaluate articles through "abstract attacks" and get to work cases in small groups.

North Memorial is a tertiary care center where the BFM residency program works un-opposed. As a MetroPAP student, you complete inpatient medicine, surgery, psychiatry and emergency medicine on site. There is also an opportunity to work on the labor and delivery service. As one of two level one trauma centers in the Twin Cities, you are exposed to high volume trauma care. The hospital also specializes in high risk maternity care and has a level III NICU. While on inpatient medicine, you work with the Family Medicine Hospital Team and get exposure to a high volume complex service. North is big enough that you can see some incredible surgeries and complex traumas, but small enough that you can get to know a number of physicians from different specialties.

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A day of clinic at Broadway is often a roller coaster. Often the residents are familiar with a patient and can prepare you in some fashion for the visit. Over time, the residents will begin to know you well enough that they will stop doing this. They begin to trust that you can handle most any type of visit. At the beginning of the year, you will review the patient schedule and the resident will tell you who is a good patient to see versus who you shouldn't see. By the middle of the year, they begin instead to ask you, do you want to see this person, are you interested in handling this type of situation. By the end of the year, you just review the list and see who comes in when. If you're available, the resident trusts you to see them regardless of their history, their symptoms, or their personality. They learn and trust that you can handle any of it.

The staff transition with you as well. When you precept early on, they will listen to your history but generally pay more attention to the resident when it comes to what we think the problem is and what we are doing about it. But as you keep riding that rollercoaster, seeing patients of all types of backgrounds, they start to become more interested in what you, as the primary history taker, also think is going on.

You realize you are not just a mirror of the resident, but that you can add value to the patient and provider experience. You have the time to dig into that social history, to discuss barriers at home, to review medications and how patients are taking them, to have a deep discussion of what "chronic, progressive" disease means. There are plenty of things the resident will do that you can't. With the time and trust you gain with this experience, it becomes apparent there are things you as a medical student can do the residents can't.

If you are interested in social determinants of health and social issues in public health, you should do MetroPAP. You are faced with a glaring disparity every day you walk in clinic, one I only started to appreciate about half-way along. This is a clinic filled with mostly white, middle-class doctors, mostly white residents on their way to middle-class, and many white medical students (me included) who are in a power position.

It is a real enough issue that we spend multiple didactic sessions on race and how "North became North." We talk about biases openly and discuss them despite how irked they may make us feel. We talk about implicit bias and how it may affect our patient encounters. We talk about violence—intimate partner violence, physical and sexual abuse, police violence, structural violence—and discuss how that affects our patients' interactions with us and the medical system as a whole. We discuss social determinants of health in a racial context. You begin to realize we are not talking about medicine, per se, we are talking about public health and social justice. We are talking about community health. These are questions that leave you feeling uncomfortable. If you are going to do MetroPAP, these are questions you need to ask. Be comfortable being uncomfortable. Clinic comes with a certain amount of uncertainty anyway. It is in that discomfort that you start to ask some truly important questions.

2014-2015

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“The residents and faculty at Broadway are incredibly kind and supportive. The neighborhood is North Minneapolis. It’s a poor, predominantly African American neighborhood. The hospital is North Memorial, one of three tertiary care centers in Minneapolis. In terms of MetroPAP versus RPAP, you won’t really integrate into the community here the way you might in a more rural setting. And the typical story of an RPAP experience, of seeing a patient in clinic, then following the ambulance to the hospital and scrubbing in for surgery, then rounding on them in the hospital the next day and finally seeing them in clinic a few weeks later... that’s harder to come by in North Minneapolis. It’s not impossible, but things are just a lot bigger and busier around here.”

2014-2015

“Broadway physicians are dedicated to and truly care about their patients. When faced with a difficult patient, they are thoughtful and thorough in their evaluation and plan. Once a week, we meet as a team with other residents and staff, including faculty, social workers, and behavioral health. This is an opportunity to discuss difficult patients and how to approach challenging situations so we can provide the best care. It was challenging to work with so many different providers at the beginning of the program, but by the end I figured out with whom I work well and learn the most, and I could request more time with them. As I worked with the same physicians more and more, I felt that I gained more of their trust and thus more independence in my work. Both the residents and faculty foster a positive learning environment at Broadway.

Most of my time was spent in clinic, but I also spent many weeks at North Memorial Medical Center completing my rotations in Surgery, Psychiatry, and Emergency Medicine. North Memorial is a community hospital and it does not typically host many medical students... I was able to first assist in several surgeries and I was able to perform a number of procedures in the emergency room. I worked one on one with experienced attending physicians- a huge advantage for me...”

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MetroPAP (Neighborhood Health Source at Central Ave./Sheridan Clinics)

2016-2017

“I ... spent nine months of my MS3 year at the Neighborhood HealthSource MetroPAP site. My clerkship time was spent at North Memorial Hospital and the clinics of Neighborhood HealthSource. My psychiatry, emergency medicine, inpatient family medicine and surgery rotations were spent at North Memorial Hospital, working alongside Broadway Family Medicine residents. My primary care selectives, elective credits and family medicine clerkships were spent at Central and Sheridan Clinics. Central and Sheridan Clinics are two of three clinics serving North and Northeast Minneapolis under the Neighborhood HealthSource system.

As a Neighborhood HealthSource MetroPAP student, I had the unique opportunity to work independently of residents and other medical students at my site, similar to the way students function at an RPAP site. I also had the opportunity to get to know the Broadway Family Medicine residents, attendings and program by attending didactics, spending an elective on inpatient family medicine, and also spending a few weeks at Broadway Family Medicine Clinic during my elective time. I learned to work autonomously at my clinic site but also had the additional benefit of being mentored by family medicine residents on didactics and during my elective time. I believe that this structure of independent time at clinic and my involvement in the Broadway Family Medicine residency program gave me the best of both worlds.

“Neighborhood HealthSource is a Federally Qualified Health Center, making this location unique among the MetroPAP sites. Federally Qualified Health Centers, or FQHCs, provide comprehensive primary care services to urban and rural underserved, underinsured and uninsured populations; they subsequently receive federal reimbursement from the Department of Health and Human Services. Neighborhood HealthSource provides these services to a diverse population of Minneapolis and is currently one of ten FQHCs in Minnesota.”

On weeks in clinic, I spent one and half days at Central Clinic and two and a half days at Sheridan Clinic. While on my emergency medicine, surgery and psychiatry rotations, I had a half-day of continuity clinic at Central Clinic. Every Friday morning I had a half-day of family medicine didactics run by the residents of Broadway Family Medicine program.

Central Clinic is located on Central Avenue in an area serving a large African American, East African and Hispanic population. Central Clinic is nestled in a neighborhood full of incredible food (down the block from Holyland, Sen Yai Sen Lek and El Taco Riendo) and vibrant businesses. Central Clinic tends to serve patients who are managing chronic diseases. Many of the patients I work with are coming in for diabetes and blood pressure follow-up appointments, INR checks, COPD and asthma exacerbations and mental health management. The preceptor I work with at this site has incredible relationships with her patients, and I value the opportunity I to observe how she is a medical and emotional support for the community.

Due to the complexity of patient presentations at Central Clinic, I have had so many great opportunities practicing my patient presentations to my primary preceptor, prioritizing the medical needs of my patients, and coming up with an assessment and plan for each patient concern. I

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strengthened my knowledge of when to step-up on asthma and COPD medications, when to add another antihypertensive and how to adjust insulin on a diabetic patient. I also was able to apply the medications and diagnoses I observed while on my psychiatry rotation to patients I saw in continuity clinic. While on continuity clinic, I was able to see patients discharged from the ED or from the hospital following a surgery, so I could apply the knowledge I gained from those rotations to the patients I saw in clinic.

Sheridan Clinic is located on 13th Avenue in Northeast Minneapolis and shares a building with PICA Head Start. The population served at this clinic is primarily seeking medical support for acute conditions, such as STI testing, pregnancy screening, and other acute infections. My primary preceptor here had a great wealth of knowledge in reproductive health and she was incredibly efficient with her patients. My preceptor at this site also encouraged me to place orders, write referrals, write patient instructions and present our assessment and plan to the patients. For this reason, I felt that I was functioning at a higher level than a typical medical student would at other sites. I found this role challenging at times, but I learned so much more than I would have on a rotation in which I was not the only on-site medical student. I feel very fortunate to have worked with two very different, yet compassionate, providers and to learn from their different styles of practice.

I enjoyed my rotations at North Memorial as well because I was able to support and treat my primary care clinic patient population in a more acute setting during my emergency medicine and surgery rotations. I also had the opportunity to follow patients from Central and Sheridan Clinics at North Memorial on Labor and Delivery and on my Inpatient Family Medicine elective.

I worked with the Broadway Family Medicine residents to develop a communication plan for when my clinic patients presented in Labor and Delivery in active labor. I was able to first-assist in the C-section of one of my patients. During the surgery my patient was calling out my name behind the curtain for comfort and reassurance. I was overcome with emotion when I delivered her baby boy and was able to present him to my patient and her partner. I was on my inpatient family medicine rotation at the time, so I was able to check on my patient and her new baby both mornings they were in the hospital. I assisted in the baby boy's circumcision and I followed both my patient and her newborn son for their follow-up visits in continuity clinic.

My emergency medicine, surgery and psychiatry rotations are scheduled in coordination with my fellow MetroPAP students at Broadway Family Medicine. To my knowledge, we are the only medical students rotating through North Memorial's Psychiatry department. I was given the flexibility to choose how I wanted to spend my psychiatry rotation among the three services provided by the department: an inpatient locked unit, consult service, and partial hospital psychiatry. The inpatient locked unit treats committed acutely ill patients and partial hospital psychiatry (PHP) provides daytime psychiatry, psychotherapy and group therapy services for patients coping with mental illness. I would encourage anyone joining MetroPAP at this site to spend some time on all services, especially on the inpatient unit because this service provides a unique exposure to treatment of severe psychotic episodes.

North Memorial Hospital is a level 1 trauma center and receives trauma patients from all over the state due to its ability to fly in patients from rural hospitals. This offers a special experience in both

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surgery and emergency medicine to treat severe injuries and medical conditions. North Memorial does not see a large number of medical students for either of these rotations, so I felt that these rotations allowed me to assert myself and to become as involved as possible in treatment plans, procedures and surgical cases. For my surgery rotation, I spent two weeks on the surgical intensive care unit, two weeks on trauma and two weeks on acute care surgery, giving me a wide breadth of experiences in a short period of time.

Surgery residents from the University of Minnesota and EM residents from HCMC rotate through the rotations respectively, and they are very supportive of helping students learn and gain experience while on the rotation. I saw a number of Central Clinic patients in the ED and on surgery, and even if I had not seen them yet in clinic, I was able to connect with them by talking to them about their primary care provider. Often patients seemed reassured and comforted by the fact that I had a connection to their primary care clinic and would be keeping an eye on the upcoming clinic schedule for their follow-up visit after discharge.

In addition to my clinical work, I had the opportunity to work with community health educators and patient advocates at Neighborhood HealthSource on my Community Health Assessment. I worked with staff to develop a needs assessment investigating the barriers and facilitators for the female patient population to get cervical and breast cancer screenings. Due to the small size of both Central and Sheridan Clinics, I grew close with clinic staff, including nurses, medical assistants, reception, patient advocates and community health educators. I will miss them not only as mentors, but also as colleagues and friends.

I highly recommend this MetroPAP site for students intending to enter primary care in an urban, underserved community. The population you will work with is diverse, with a rich culture and sense of community, but also in need of chronic disease support, healthcare access and medical education. The staff and providers at Central and Sheridan clinics are passionate and provide a supportive learning environment.”

2015-2016

“As a MetroPAP student at Neighborhood Healthsource, I was given a unique opportunity as a learner and care provider through deeper relationships with my patients, stronger connections with my preceptors, unparalleled but appropriate responsibility, and true community-oriented and justice-based primary care.

While the home clinics afforded an experiential immersion, the NHS MetroPAP site also is connected peripherally to the Broadway Family Medicine program through weekly didactic lectures and to North Memorial as a whole as the site for hospital rotations in inpatient family medicine, surgery, psychiatry, and emergency medicine. These latter specialty rotations were great as you have the complexity of any other referral hospital and Level I Trauma center, but with approachable attending who generally know MetroPAP, support one’s career interests, and value the special autonomy MetroPAP students are apt to grow into. But even more important than the specialty blocks was the Broadway Family Medicine program, serving as the bridge between MetroPAP and North Memorial. Personally, the Broadway program served as a second home to me as the residents and faculty treat MetroPAP students as their own.

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One of the biggest advantages of the continuity of preceptors is their comfort in identifying your comfort and readiness for additional layers of responsibility and autonomy in patient care. With certain familiar diagnoses in clinic, I became confident delivering 95% of the care with my preceptor joining only for the necessary cross-checking and to see if the patient had additional questions.

Of course, the defining feature of MetroPAP is the chance to experience true longitudinal community-based primary care while focusing on an inspiring but underserved population. From clinic to the hospital to didactics, MetroPAP students develop an understanding of social determinants of health from poverty to racism – and develop the tools to address these head on.

2014-2015

“I was lucky enough to be placed at a Federally Qualified Health Center (FQHC) network in North/Northeast Minneapolis called Neighborhood Healthsource (NHS). I spent most of my time at two clinics, Central and Sheridan, both in Northeast... The thing I liked most about working at Central and Sheridan was all the different experiences of urban patients I got to witness. Sheridan is nestled away in an arts district and surrounded by a community of immigrants from Cuenca, Ecuador. Both the local artists and the immigrants are often uninsured, but the former compensate by trying to do everything they can to be healthy, while the latter presents some more difficult clinical challenges.

Not only do you get to work with [a great preceptor] at Central but I also worked with [another excellent preceptor] at Sheridan. Of course, you don't spend all your time with those two great people, you also get to spend some time with the residents and attendings of Broadway Family Medicine... I really valued my experience with the Broadway Family Medicine doctors as this allowed me to fully appreciate the disconnected nature of urban medicine.”

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MetroPAP (Creekside Family Medicine)

2016-2017

Your RPAP/MetroPAP Town/City: St. Louis Park

Clinic Name: Creekside

Hospital Name: Methodist

Population: Metro; a lot

Area Demographics: At Creekside you get a unique blend of demographics. You get some wealthier whites from the SW metro, especially for acute care because Creekside has more same day openings. Many of the primary care patients that come to Creekside are from diverse and working class backgrounds given it's a residency clinic. Immigrants from Somalia, Ethiopia, West Africa, Latin America, Southeast Asia, and Western Europe/Russia are common. The latter being a somewhat unique group to Creekside due to the Jewish population of St. Louis Park. Creekside has a significant geriatric population.

Major Employers or Common Occupation of Residents: varied given metro area.

1) What site-specific experiences were you looking for when you applied to RPAP/MetroPAP? Underserved and diverse patient population.

2) Did your RPAP/MetroPAP experience meet these expectations? Yes

a) If "yes," how so? CS has a diverse patient pop as noted above, more than I thought it would. Also I was able to go to North Memorial on Fridays which added to my urban underserved education.

3) Briefly describe your RPAP/MetroPAP community. What types of patients did you care for with your primary preceptor? In what settings? See above. I didn't see patients with my primary preceptor, because Creekside is a residency clinic. Took care of patients from clinic to ED to hospital.

4) What will students like about this clinic/hospital/town. Longitudinal experience without leaving the metro. The staff at Creekside are phenomenal, and the entire program has a great family feel to it, plus unlimited free food.

5) What could be difficult for a future RPAP/MetroPAP student at this site?

6) Please describe any extracurricular activities in which you participated while on RPAP/MetroPAP. Took a Social Medicine course through the U of MN. Other typical metro activities. I love to canoe and fish both in the metro and up North. Many weekends free to do what you want.

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- 7) What were the strengths of your RPAP/MetroPAP experience? The faculty at Creekside are great teachers and generally very nice people. Very tight knit family atmosphere.
- 8) What were the weaknesses of your RPAP/MetroPAP experience? Keeping track of all the online assignments which at times took away from patient centered learning (i.e. in place of reading up more about a patient I saw, I would have to do prescribed cases, assignments, writings, etc.)

2015-2016

“The Creekside Family Medicine MetroPAP position allows students to follow their own compasses and become better physicians through focusing on autonomy, responsibility and diversity all while having a warm home of friendly residents and attendings on which to depend. Within the first weeks of each rotation, attendings and residents allow you to create your own experience. In family medicine, you'll be asked how much inpatient to outpatient you would like and what unique experiences you'd like to add into both settings. The inpatient service is centered on your learning, so you can take on patients with certain conditions you'd like to refresh or those diseases you would like to master managing. Your outpatient time is not limited to Creekside and Clinic staff helped me work in many extraordinary experiences...

In surgery, ... the coordinator is extremely supportive of the MetroPAP experience and often allows you to leave the Methodist OR to join him at the ambulatory surgery center in the 3800/3850 building. There you'll see many same day surgeries which may be missed by those only doing the traditional surgery rotation. You're given the opportunity to not only scrub in on any surgery, but to be first assist in many (driving cameras, using cautery, using laparoscopic tools and closing wounds). Another advantage is the focus on continuity, which allows you to see patients in surgery clinic for pre-op visits, follow them into the OR days later, and then see them for their follow up visits.

OB was an incredible rotation to complete through Methodist, mainly due to [the] scheduling of many diverse experiences and the residents' tremendous support. When on Labor and Delivery, you are paired with one family medicine resident and one OB/GYN attending and the three of you cover all vaginal deliveries and triage cases. I spent time in Park Nicollet's Sexual Health Clinic, the Transgender Clinic, the Uro-gynecology Clinic & OR, and saw patients in the clinic and OR at St. Francis Hospital. During that time I was first assist on several C-sections as well and was allowed to help bring those babies into the world. The wealth of opportunities to learn were more than I could have imagined and convinced me to practice OB/GYN in many capacities in my future career as a family doctor.

The Emergency Center experience at Methodist Hospital was fantastic as well, thanks to the great attendings and varied shift times. The large staff gave me the opportunity to work with a different doctor for most shifts and learn many different styles to approaching an emergency workup. From the occasional code sepsis to blood clots to broken bones and psychiatric disorders, the Emergency Center has a wide spectrum of complaints, despite not being a level one trauma center. I was also given autonomy to do a lot of hands on work, including cleaning wounds and suturing everything from cuts to gashes.

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I rationed my final outpatient time into unique experiences that I could learn from and use someday in residency. The Park Nicollet system is far reaching and this gives you tremendous opportunity to explore. From the Training Room of Minnetonka High School and the free Central Clinic associated with St. Louis Park High School to Golden Living, the long-term care facilities of Hopkins and St. Louis Park, you can work along the age continuum. The specialty clinics I visited included Sexual Health, Transgender Medicine, Melrose Eating Disorders, Pediatrics, and Palliative Medicine. With my interest in serving Spanish-speaking patients, I made sure to be in clinic to meet those patients early on. Then, throughout the rest of the 9 months, I often saw the same patients for well child checks and regular OB care, reviewing crucial vocab and sustaining two way relationships.

Every month there is one lunch lecture called “Schwartz Rounds,” where interdisciplinary hospital staff discuss emotionally and spiritually challenging patient experiences together, sharing powerful stories and what we can learn as a group. Another monthly treat are the clinic-wide Quality Improvement meetings where residents and faculty share their projects and ask for feedback. There you are a welcome member of the QI teams and can even lead your own.”