

## Student Hotspotting: Reflections of a Program Graduate



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There is a joke in my family that I became a doctor because I did not know other healthcare professions existed. I grew up in a rural part of Central California that had limited access to care. The family physician was the face of medicine for my family and my community. My family physician was our pediatrician, and she counseled us on medications (which we picked up from her office), gave us our immunizations, and suggested home exercises to rehab our injuries. It was only natural that as I became interested in a career in health that my ultimate goal was an MD and a family medicine residency. Soon after I matriculated at Sidney Kimmel Medical College, I was exposed to an array of occupations through interprofessional curriculum, such as the Health Mentors Program. I developed an appreciation for other professions during my first three years of medical school, but it was not until I became a "student hotspotter" that I came to understand the power of an interprofessional team.

In 2015, as a fourth year medical student, I had the opportunity to take part in the second cohort of student hotspotters through the Camden Coalition of Healthcare Providers (Camden Coalition), Association of American Medical Colleges (AAMC), and Primary Care Progress (PCP). I already had an interest in public health, geographic information systems, and the Camden Coalition. The Student Hotspotting program would teach me what I could do, as a future physician, to take care of populations of patients with excessive healthcare utilization but poor outcomes. I pictured myself as a forward-thinking leader who would change patients' lives with my care, counseling, compassion, and prescriptions.

I was wrong.

Once we enrolled patients, it was quickly apparent that my patients did not need my care as a physician. They needed the expertise of the other members of my interprofessional team – our nursing student, physical therapy student, occupational therapy student, pharmacist, social work intern, and public health researcher. Embarrassingly, when we started our project, I could not explain what my colleagues did. I can recognize now that I did not understand the broad scope of their future professions. That changed as we worked together.

To this day, I value the students with whom I worked and the lessons they taught me. I continue to be humbled by the amazing group of professionals I worked alongside, and I still think about them when I provide care to my patients. Now when I see my patients struggling to afford their medications, forgetting to take them, or suffering from the side effects, I think of Julie, my pharmacy colleague. Because of the Student Hotspotting program, I now know where patients can get cheaper medication, how to navigate manufacturer coupons and rebates, which pharmacies will make blister packs, and

how to assess medication adherence and understanding. When I hear that my patients are falling at home, I think of Jill, my occupational therapy colleague. Because of her, I know to ask about a patient's house, stairs, hand rails, and mobility devices. I know how to write a meaningful referral to a physical therapist and when patients might need specialized wheelchairs, canes, and walkers. When my patients are struggling to make ends meet and take care of themselves at home, my brain goes to Anna and Carly, our team's nurse and social worker. I can thank them for knowing how to identify home nursing services and food pantries, and navigate complex insurance networks. I became a hotspotter because I wanted to be a compassionate provider; working in an interprofessional team turned me into a competent provider.

Nearly three years after my experience with hotspotting, I have the privilege of serving as a faculty advisor for a new group of student hotspotters. When my hotspotting students asked me for tips at the beginning of this year, I had only one: recognize the limitations of what you know and in doing so, learn what your colleagues are experts in.



**Student Hotspotting, 2017-2018 Cohort**