All JeffHOPE clinics are now offering INSTI – a Rapid HIV-1 Antibody Test. This immunoassay qualitatively detects HIV-1 antibodies present in a patient’s blood sample in only 60 seconds! This is the same test used in the Thomas Jefferson University Hospital Emergency Department. HIV rapid testing is becoming a standard of care procedure for all JeffHOPE patients by using a new opt-out consent policy. All patients are informed that an HIV rapid test will be performed unless he/she refuses the procedure. To date, 455 tests have been administered and 70 students are trained to be testers.

Save The Date
JeffHOPE Ball

The JeffHOPE Ball will be held on Friday, February 19, 2016 from 7pm to 12am in the Wanamaker Building’s Crystal Tea Room.

Dear Friends of JeffHOPE,
Thank you for helping us to achieve another wonderful and productive year. Thousands of people depend on us to make a positive difference in the quality of their lives, while we work hard to uphold the values of our mission statement: kindness, equality, and excellence. We are proud of the many helping hands that make JeffHOPE special. Keep up the great work!

-Lea Matthews, Declan Bell, and Kathryn Linder
2015 Publicity & Fundraising Committee

Prevention Point, JeffHOPE’s mobile clinic, provides medical care in cooperation with Prevention Point Philadelphia, a private, non-profit needle exchange program.

Our new logo:

Designed by Jenny Ma, MS2

Published by Jefferson Digital Commons, 2015
treatments used in our clinics

- ibuprofen
- hydrocortisone cream
- acetaminophen
- naproxen
- vitamins
  - adult, children, prenatal
- diflucan
- diphenhydramine
- loratadine
- birth control

P H A R M A C Y

most common PROCEDURES

- vaccinations
- depo provera injections
- blood glucose checks
- wound care/wound change
- urinalysis
- urine pregnancy tests
- blood draws

interests of our patients

- smoking cessation advice + nicotine replacement
- healthy eating + exercise for
  - diabetes management
  - hypertension management
  - weight loss
- birth control
- stress + anxiety

CLINIC AT A GLANCE

ADVOCACY resources requested by our patients

- finding a PCP
- health insurance help
- supplies
  - reading glasses, shower shoes, socks, personal hygiene
- referrals to specialty + dental care
- domestic violence resources
- needymed drug discount cards
- drug + alcohol treatment
- housing options

EDUCATION

Clinic Schedule:

Monday @ Eliza Shirley
1320 Arch Street

Tuesday @ Sunday Breakfast Rescue Mission
302 N. 13th Street

Wednesday @ ACTS/Mercy Hospice
1428 N. 28th Street/334 S. 13th Street

Thursday @ Our Brother’s Place
907 Hamilton Street

Saturday @ Prevention Point
333 W. Girard Avenue

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https://jdc.jefferson.edu/jeffhope/vol2/iss1/1
### Early Childhood Literacy @ Eliza Shirley

- **Project** by Josh Davis, MS3 (former Pharmacy @ Eliza Shirley) and the Pediatrics Department
- **Grant** received to provide books to children
- **Education** on early childhood literacy with moms
- **Survey** about knowledge of the importance of early childhood literacy

### Eye Health Screening Nights with Wills Eye Residents

- **Provide** basic vision screenings for patients at Our Brother’s Place
- **Screening** includes eye health history
- **Physical Exam** — visual acuity, fundoscopic exam, intraocular pressure screening
- **Refer** patients with findings requiring further work-up to Wills Eye
- **Survey** assessing knowledge about eye health
- **Educational** eye health information

### Experiences with Prenatal Care among Women in a Philadelphia Homeless Shelter

- **Interviews** with women at Eliza Shirley who were either pregnant during their time at Eliza Shirley or recently pregnant to assess their experiences with prenatal care
- **Phone Call** to patients asking if they have seen their PCP since being seen at JeffHOPE and a short survey of why or why not and any barriers they may have faced
- **Survey** will be administered to all clinics to gather more complete demographic and social history data about our populations
- **Survey** based on a survey given to the homeless population in LA

### Quality Improvement at JeffHOPE Clinics: Assessing Patient Satisfaction & Needs Assessment

- **Goal**: assess site staff and patients’ thoughts on the quality of care they receive at JeffHOPE, professionalism of students and residents, the clinic’s supplies (including medicines provided), clinic environment, wait times, and more
- **Survey** given to both site staff and patients
- **Results** very positive overall, especially regarding quality of care and professionalism of medical students

### On the Trail: Influence of JeffHOPE Leadership Participation on the Residency Application and Interview Process

- **Survey** of 2015 graduates who participated in JeffHOPE leadership either on a committee as a 2nd year, or as a director, or both
- **Most Students** discussed JeffHOPE participation on at least one interview
- **Most Students** listed it under community service on the ERAS application
- **Directors** discussed JeffHOPE on interviews and applications more than those who participated only in 2nd year as a committee member

### Demographics Survey

- **Survey** will be administered to all clinics to gather more complete demographic and social history data about our populations
- **Survey** based on a survey given to the homeless population in LA
Dr. Manoff and Dr. Rose have been committed physician volunteers with JeffHOPE. Here’s a look at their inside perspective!

Dr. Dave Manoff
{@ Sunday Breakfast}

Dr. Tori Rose
{@ ACTS}

Q: What has been your most gratifying experience with JeffHOPE?

DM: I don’t know that I have just one. I think that there was the time when I convinced a patient with a fairly treatable form of cancer to return to chemotherapy was certainly high on the list, as was being able to work with a patient at Our Brother’s Place who had multiple chronic medical conditions and never had anyone really talk to him about the treatment he’d want. Most of all, though, I think it’s when we take a patient who hasn’t had great access to care and frequently not a lot of confidence in the healthcare system and we get to reestablish that relationship and build some confidence so that they can get the care they ultimately need.

TR: Working with the students by far. It is amazing how willing everyone is to serving those in need. I also really enjoyed precepting the medical teams and watching the growth of the students from shy second years to confident and ready fourth years.

Q: How have your experiences with JeffHOPE impacted the way you practice medicine?

DM: First and foremost, JeffHOPE was integral in getting my fellowship at Jefferson in Pulmonary and Critical Care Medicine. At the end of my internship, I saw a patient at Ridge with severe COPD and heart failure who then came in with chest pain, coughing up blood, and shortness of breath. We sent him to the Jefferson ED and then, as a newly minted second year resident, I saw him on pulmonary consult and presented him at our chest conference. That more than a lot of things put me on the map for my division. I think the other thing is that during my day job, I’m a medical subspecialist. Even though in critical care we see disorders that affect all organ systems, JeffHOPE has been the impetus for remaining current in outpatient medicine and remaining an up-to-date general internist.

TR: JeffHOPE has helped my own growth in multiple ways. One is that it helped me learn how to teach by working with students long before my residency gave me that opportunity. Additionally, I was able to learn from the medical students who know so much about basic science and their committees (advocacy, education, etc) and found some great resources in the city. Finally being the only doc on site helped me become more confident in my own skills.
Q: What is your favorite aspect about volunteering at your specific clinic?

DM: I think in many ways, it’s academic medicine at its finest. We can and do order lab tests and prescribe medications. Sometimes we send patients to the ER. Overall, though, the biggest question is “what does the evidence say?” There’s less in the way of preauthorizations, preferred medication choices based on formularies and defensive medicine. This is the chance to take care of patients based on the evidence and the guidelines and then to go teach medical students to care for these patients in an evidence based manner.

TR: I like ACTS because I have a strong interest in women’s health and being a women’s and children’s clinic I am able to practice that more there. Plus, it’s a riot watching the kids and seeing how happy they are.

Q: Is there anything in particular that draws you to volunteer at your specific clinic so often, as opposed to other clinics?

DM: As far as Sunday Breakfast relative to other clinics at JeffHOPE, really it’s a matter of matching my particular skill set with the demands of the particular clinics. I’d come out more if I could but as my job has changed, I have more roles during my day job and simply can’t come out more than once, or occasionally twice, a week. Because Sunday Breakfast is the highest acuity, highest volume clinic and is adult only, it’s the clinic where I can be most useful and where the patient population matches my chosen specialty.

TR: Other than the type of medicine I’m able to practice and the kids, it’s probably the committee members. Once you start going to JeffHOPE regularly and get to know the amazing team behind every clinic you form tight bonds with them. Also, even if it was last minute I would volunteer to keep the clinic from being cancelled because the students do such amazing work and the residents of the shelters rely on them.

Q: What has been your biggest challenge at JeffHOPE?

DM: I think the biggest challenge of late, which is to say the past couple of years, is to be sure that the patients we see are getting the absolute best care possible. This may sound obvious but the reality is that, even though the people who come out to clinic, from students to residents to people like me who’ve been around for a little while, are relatively junior, we bring a tremendous amount of expertise to bear in the care of our patients. What this translates to is that I’m tremendously interested and invested in making sure that the huge amount of expertise is used to its maximal ability to be sure that the patient’s needs, both acute and chronic, are taken care for as long as it takes until that patient gets to longer term care which is comprehensive enough to take care of some really complex patients.

TR: Time. It’s hard with a resident’s schedule to find the time to go straight from work to another opportunity that often takes until 9-10pm, which makes the next day exhausting.

Q: If you could give any piece of advice to a current JeffHOPE student volunteer, what would it be?

DM: By far the most important thing is that during a 30 minute patient visit, you really are the patient’s doctor. When I was a medical student, JeffHOPE’s equivalent in Syracuse, SC HOPE, was integral to my medical education and to my development as a doctor. During residency and fellowship, JeffHOPE without a doubt made me a better doctor. I can’t emphasize enough the potential benefit of really trying to use this to expand your skills. It will make you a better doctor while also being a chance to provide really good care to a population who really needs it.

TR: Keep up the amazing work that you’re doing and know that not only the residents of the clinic sites are appreciative but the resident preceptors as well.
Before working with JeffHOPE, I never understood the homeless population. It was an unfamiliar and distressing world, where the cruelty and squalor left me at a distance. It was so alien to my life that the homeless on the streets of Philadelphia were often just shapes dotting the sidewalks. At clinic, we are forced to confront whatever biases or convictions towards the homeless we may have once held. In my few months at Sunday Breakfast, I’ve come to see that homelessness isn’t a moral judgement, or an examination of character flaws. At the same time, it’s not always the consequence of injustice, either. There is a whole range of self-inflicted, societal, and circumstantial reasons that create homelessness victims. While there are so many ways to think about the issue, I think that JeffHOPE has showed me that pointing fingers is less useful than finding solutions and granting people another chance.

-Ian Kang, MS2
Advocacy @ Sunday Breakfast

What was most surprising or unexpected regarding your experience with JeffHOPE?

“A mom of 3 children whose house burnt down and whose husband was abusive sat in her room and did flashcards with her children. She plans on finishing her nursing degree one credit at a time. ‘Be so thankful for education because it is the key out of this cycle’. It has stuck with me when I open my mouth to complain about the amount of work I have to do. Be so thankful.”

-Emma Slattery, MS2
Advocacy @ Eliza Shirley

Tell us about a lesson you learned from a patient.

“Growing up, I learned to work alone pretty well. I even preferred to work alone the older I became, from schoolwork to the types of sports I played. When I learned that Sunday Breakfast had a 2-person procedures committee, I was worried. Now, I can’t fathom having just a 1-person committee. With both of us doing procedures, we can give out vaccines, wound care, etc., for so many more patients, and I have learned much more about medicine from Elissa than I would have alone. Also, she bakes cookies for clinic, and they’re amazing.”

-John Do, MS2
Procedures @ Sunday Breakfast
What was your most gratifying experience with JeffHOPE?

As an education committee member I helped three OBP residents lose 30+ pounds over my tenure. It was a process and required regular follow-up with patients, even I had to go find them throughout the OBP facility. I felt like I built a great relationship with many of the residents, and they in return were very receptive and appreciative of all of JeffHOPE.

-Gerald Gibbons, MS3
(former) Education @ Our Brother’s Place

I recently got to know a woman who was pretty far into her pregnancy. She was going through it totally by herself. We formed a friendship and I was able to encourage her to see an OBGYN. Up until that point she had only been to the doctors upon initially finding out she was pregnant. I attended her appointment with her and shared in her relief when all signs pointed to a healthy baby due within a few weeks!

-Emma Slattery, MS2
Advocacy @ Eliza Shirley

How would you describe JeffHOPE in one word?

empowering

I think our primary goal is not only to help patients in the acute setting but also enable them to be agents of their own health.

-Ellie Fitzsimmons, MS2
Procedures @ Our Brother’s Place

special

This was the way many of the “patients” described JeffHOPE. They regularly said that what we’re doing at JeffHOPE was special. Student run clinics mean that we, the students, are learning. This doesn’t mean that our patients are guinea pigs, but rather we are learning to be decision makers. We make choices about patient care that is then double-checked by our resident/attending. We build confidence and gain valuable feedback. What JeffHOPE does is special because our volunteers take time out of their schedule to help and lead in the community.

-Gerald Gibbons, MS3
(former) Education @ Our Brother’s Place

How will your experience with JeffHOPE impact the way you practice medicine in the future?

I think all too often in medicine we only consider what is happening to the patient while they’re in our hospital or clinic. JeffHOPE has forced me like no other experience in medical school to think about what these peoples’ lives are like the other 6 days/week and how their lives outside of our clinic influence their health outcomes.

-Nick Bishop, MS4
Clinic Director @ Our Brother’s Place

As an education committee member I helped three OBP residents lose 30+ pounds over my tenure. It was a process and required regular follow-up with patients, even I had to go find them throughout the OBP facility. I felt like I built a great relationship with many of the residents, and they in return were very receptive and appreciative of all of JeffHOPE.

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-Emma Slattery, MS2
Advocacy @ Eliza Shirley
We asked our alumni the same questions as the directors and committee members – see how they answered:

What was your most gratifying experience with JeffHOPE?

"My MS2 summer I worked at Mercy Hospice through the program Bridging the Gaps. The following year I started the Mercy Hospice JeffHOPE clinic. I am so happy that this clinic is still running! Starting this clinic was extremely rewarding".

-Elizabeth Kyle Meehan, MD ’10

"The most gratifying experiences are the opportunity to teach lower years, work on a multidisciplinary health care and connect with community members in need".

-Leah Winer, MD ’15

How have your experiences with JeffHOPE impacted the way you practice medicine?

"80% of my patients have experiences with homelessness, serious mental illness, and addiction".

-Laura Carson Weinstein, MD ’95

"I am committed to working with within primary care for an urban underserved population now and in the future. JeffHOPE solidified this goal of mine in medicine and affirmed that when you practice medicine with a mission that comes from your heart, your day-to-day work is rewarding and meaningful no matter what external stressors or pressures come your way. Additionally, during my time as a director at JeffHOPE I was able to expose others to underserved care of patients and began teaching junior medical students. It was in this setting that I first found my love for teaching within medicine. I have decided to pursue a career in academic medicine and the seed for this interest/career path was sown in medical school with my time in JeffHOPE".

-Elizabeth Kyle Meehan, MD ’10

"I pursued internal medicine, as I found the patient interactions were what drove me to practice medicine".

-Kristin Bateman, MD ’12

"JeffHOPE has made me acutely aware of the challenges facing our underserved patients. How hard getting food, adequate shelter and medical services can be".

-Vanessa Mazandi, MD ’14

"It has made me more cognizant of the social determinants of health and thus the best way to practice that incorporates the needs of my patient population".

-Alissa Werzen, MD ’15

https://jdc.jefferson.edu/jeffhope/vol2/iss1/1