

*Medical student Veronica Ramirez conducts a community diagnosis to better understand patients she might see at the South Central Family Health Center.*

# Putting Primary Care *in the Community*

*The Keck School of Medicine's new community-based programs entice students to pursue careers in primary care*

By Alana Klein Prisco



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Before Veronica Ramirez, a second-year medical student at the Keck School of Medicine of USC, set foot in the South Central Family Health Center, she knew the residents of this community inside and out. She knew where they bought their groceries, where they went to church, where they could find an after-school program to keep their children off the gang-ridden streets and what health issues plagued their community.

It was eye opening to see the whole patient picture – where these people come from and what barriers they face in their day-to-day lives to get the health care they need,” says Ramirez, who walked within a two-to-three-mile radius of the clinic, meticulously studying this particular community as part of the Keck School’s community diagnosis assignment. Designed for first-year medical students as part of the course on “Professionalism in the Practice of Medicine,” the project allows students to gain a better understanding of the prevalent urban health issues facing a distinct neighborhood in Los Angeles. The assignment motivated Ramirez to return to the South Central Family Health Center to shadow family medicine physicians on her own time.

The community diagnosis assignment is only a small part of the Keck School’s many vibrant programs that demonstrate the value of primary care. Often referred to as the backbone of our health care system, primary care includes family medicine, general internal medicine and general pediatrics.

#### OUT OF THE HOSPITAL, INTO THE COMMUNITY

Now with the support of a \$450,000 grant from the U.S. Health Resources and Services Administration, which is dedicated to improving access to health care services for underserved patient populations, the Keck School of Medicine is building an even stronger and more focused program to increase student exposure to community-based medicine.

“This funding allows us to grow our curriculum outside the hospital and give students more than just a taste of community medicine,” says Jo Marie Reilly, M.D., associate professor of family medicine at the Keck School. The overall goal, she says, is “to have our students understand the value of primary care, its role in prevention and maintaining health in society, its ability to control health care costs and to support our students who are interested in pursuing a career in primary care.”

The grant support has enabled a major shift in the Keck School curriculum, starting with the new Primary Care Community Medicine Program, which debuted in 2009 with nine programs. Designed to



Jo Marie Reilly, M.D., (in red suit) teaches medical students to conduct a physical exam.

introduce students to the challenges and rewards of community-based, primary care medicine, the program includes:

- Primary Care Week, a week-long event that highlights and celebrates the importance of primary care;
- the shadowing program, in which students shadow a primary care physician in a community clinic;
- monthly Community Medicine and Public Health speaker series;
- Choosing a Primary Care Career Connect and Select program, which provides students with a “go-to” community medicine physician.

For a comprehensive list of Primary Care Community Medicine Program offerings, please see column at right.

**NURTURING STUDENT INTERESTS** While the program is still fairly new, it has already proven to be well received by students. The students of the class of 2014, who have completed their first year of medical school, rated the program a 4.8-5.0 on a five-point scale, revealing a high level of satisfaction with the program.

“USC is a trailblazer in having a program like the Primary Care Community Medicine Program,” says Erin Quinn, Ph.D., professor of family medicine and co-director of the Primary Care Community Medicine Program. She points to the Introduction to Clinical Medicine course, which was created in the 1960s, as an early example of the school’s educational innovation. “It was one of the first programs in the country that taught students how to talk to patients, create a rapport with and understand the issues in their lives. It has been replicated across the country.” With the newer emphasis on community medicine, the Keck School continues its tradition of curriculum innovation.

The Primary Care Week program, in particular, received rave reviews. “I was very impressed with the panelists invited to speak. They each offered a unique perspective, which is valuable to someone like me who is strongly considering going into family medicine,” Ramirez says.

Even specialty-bound students benefited from the event. “I have always been interested in a surgical subspecialty, but Primary Care Week gave me a new appreciation for that field,” says Prem Tripathi, a second-year medical student who

## 9 NEW PROGRAMS

### Introducing the Keck School of Medicine’s Nine New Programs that Expose Students to Community-Based Medicine

**Introduction to Community Medicine** As part of the well-established Introduction to Clinical Medicine, this new program enables students to spend a day observing physicians and their medical staff, conducting patient histories and physical examinations. This and the experience at the geriatric facility help students make connections that facilitate more shadowing and mentoring later.

**Introduction to Geriatric Medicine** Also part of Introduction to Clinical Medicine, this program gives students exposure to community-based and geriatric care by spending a day in an assisted living facility, where they perform mental status exams and other assessments.

**Primary Care Community Medicine Shadowing Program** Students shadow a primary care provider in a community clinic, where they are exposed to community-based primary care for the first two years of medical school. They learn about the establishment of medical homes, chronic disease management and public health.

**Community-Based Selectives/Electives** These courses provide fourth-year students with community clinic elective opportunities in community-ambulatory based pediatrics and the patient-centered medical home. Additionally, a family medicine sub-internship with the Keck School of Medicine-California Hospital Family Medicine Residency Program allows students to see the full spectrum of family medicine practiced in the community.

**Community Medicine and Public Health Speaker Series** A monthly lecture series provides students with interactive presentations on topics including community medicine, leadership and legislation.

**Primary Care Week** A week-long event brings together several medical universities in the Los Angeles area to educate about, highlight and celebrate the importance of primary care within the institutions and community.

**Primary Care Student Website** First - through fourth - year medical students can visit [primarycare.usc.edu](http://primarycare.usc.edu) to explore a career in primary care, research, summer and volunteer opportunities, and more.

**Choosing a Primary Care Career Connect and Select Program** This program provides students with a “go-to” community medicine physician for advice on career opportunities and lifestyle.

**Primary Care Community Medicine Student Coalition** The coalition brings together student leaders with an interest in primary care and provides them with extra support and training.

### Prioritizing Primary Care

The need for primary care specialists is increasing dramatically, yet often the burden of tuition debt makes choosing a career in primary care a difficult one. Scholarship support provides relief from the burden of tuition debt making it easier for medical students to choose a career in primary care. Please contact the Keck School of Medicine Office of Development and Alumni Affairs to discuss establishing a named scholarship at 323-442-2358 or KeckDev@usc.edu.

The need for primary care teaching and role modeling is critical. Alumni are invited to contact the Primary Care Community Medicine Office to offer shadowing opportunities at 323-442-1678 or banzali@usc.edu and the Introduction to Clinical Medicine Office for teaching opportunities at 323-442-2439 or woehrl@usc.edu.

feels a strong pull toward community medicine, despite his intention to specialize. He helped to form the John Snow Public Health Society, a student-run organization that raises awareness about the importance of public health and its relationship to clinical medicine. In addition, he volunteers at a Boyle Heights clinic, where he helped to start a program to prevent obesity.

“No matter what I end up doing, I would like to focus a good proportion of my time helping indigent patient populations,” Tripathi says. “My parents came from a poor lifestyle in India to the U.S. to make something of themselves, and I was brought up with the notion that it’s important to give back.”

Part of the Primary Care Community Medicine Program’s mission is to educate specialty-bound students about the importance of donating their time to patients in the community. “Specialists get insulated from that need unless we expose them to it,” says Kendra Gorfitsky, M.D., a professor of clinical medicine at the Keck School and a family practitioner, who also serves as a community preceptor for the program. “We are all members of the healing profession, and we all have a responsibility to help those people in the back of the line.”

The community medicine program gives students a unique opportunity to see a diversity of health issues, particularly chronic conditions, such as diabetes and high blood pressure. “Students get to see how doctors form long-term relationships with their patients, instead of the touch-and-go patient experience they get in a hospital setting,” Reilly says. To ensure that students also get to form those relationships with patients, plans are under way to create an additional longitudinal program as part of the program, where students can follow the same patient panel in the same community clinic over their four years of training. “A student can meet a pre-pregnant woman, see her through her pregnancy, see her have the baby and then care for the baby,” Reilly says of the program, which will be piloted this fall.

**HEALTH CARE WORKFORCE IMBALANCE** Despite the rewarding nature of community-based care, many students feel there are also disincentives. “The cost of medical education is a huge barrier to students, and primary care is not a highly paid specialty,” says Michael Cousineau, Ph.D., associate professor of research and director of the Center for Community Health Studies at the Keck School. However, efforts to address the significant inequities in compensation are under way, says Cousineau, who feels optimistic about the Obama administration’s touted commitment to breaking down these financial barriers for primary care doctors.

He points to the health care reform bill, which would allocate \$168 million for training more than 500 new primary care physicians by 2015 and \$250 million toward boosting the supply of primary care providers in this country. Currently, there is a significant disproportion of specialists versus primary doctors in the workforce. According to the Association of American Medical Colleges, the U.S. had roughly 353,000 primary care doctors in 2009 compared to about 955,000 specialists. The association estimates that the country will need 45,000 more primary care doctors by 2020.

“The bill attempts to reorganize the delivery of care with an emphasis on primary care and prevention,” Cousineau says. “By realizing the potential of our pre-doctoral training programs in helping meet the health care goals of the country, we are doing our part to reform how health care is delivered.”

Additionally, he says there are many new loan repayment programs that could ease the financial burden. In many cases, these loan repayment programs require that students dedicate a certain number of years to an underserved area in order to have the majority of their loans paid off. Ultimately, faculty will lead by example.



*Michael Cousineau, Ph.D., says health care reform will increase the need for primary care physicians.*

“It’s our job as faculty to help students realize that it’s very possible to have a career in primary care and still pay off their loans. I am a living example of that. There are government resources out there,” Reilly says.

**DEMYSTIFYING PRIMARY CARE** Students face other roadblocks in addition to the financial barriers, such as lack of exposure to primary care as practiced in the community.

“Traditionally, third-year medical students see patients outside the hospital setting for only nine weeks out of their clerkship year and have few clinical, community-based opportunities in their first two years of medical school,” Reilly says. “That is not enough exposure considering that 90 percent of our nation’s health care is provided in community settings.

“Students do not have as much exposure to primary care or to role models in the field who could nurture their interest in it, connect them to the community and show them how this work can be done,” Reilly says. She points to the many shadowing opportunities through the Primary Care Community Medicine Program as an opportunity for students to get the hands-on education mentorship they need to make an informed decision about primary care.

Ramirez took advantage of a shadowing opportunity over a four-week period last summer at the Community Memorial Hospital in Ventura. “I got to see first-hand the benefit of providing continuity of care to patients and the special doctor-patient relationship that results

from that. It was clear that primary care physicians do more than just treat people – they become a part of their patients’ lives,” Ramirez says.

Some students simply have misinformation or misperceptions about primary care. “We just want students to understand that there are many ways to practice medicine,” says Quinn, adding that she has seen many students get dissuaded from exploring their interest in primary care. “They hear, ‘Oh, you’re so smart, you should become an orthopedic surgeon.’ That is a very damaging message. We should be nurturing whatever interest these students have.” She also believes it’s important to debunk the myth that being specialized implies that you know more. “The truth is, specialists know more about a very specific area, but primary care doctors can do 90 percent of what needs to be done,” she says.

Primary care medicine has other perks, as well. Kendra Gornitsky, M.D., who practices family medicine, says she finds her field “pretty glamorous if you like the idea of adventure.” She says she frequently travels to the developing world because these countries welcome the assistance of family physicians who can step into different situations quickly. Many students ask to accompany her on these service trips. “As far as I’m concerned, primary care is where the action is,” she says. “It’s for students who want to be at the front door, not upstairs in the master suite.” •

*Community preceptor Kendra Gornitsky, M.D., meets with medical students at the Keck School.*

#### A DAY WITH DR. KENDRA GORLITSKY

As a shadowing preceptor for the Primary Care Community Medicine Program, Kendra Gornitsky, M.D., serves as both an educator and a trusted mentor to students. A typical day mentoring a student goes like this: First, the student observes the way she interacts with a patient. Then, she introduces the student to a subsequent patient, who is interviewed by the student in an adjacent examining room. After listening to the patient’s health concern and with the patient’s permission, the student does some of the physical exam, which Gornitsky reviews and refines when she returns to the room. Gornitsky then makes a diagnosis, and the student helps her construct a plan to help the patient address the health issues.

The student then obtains resources for the patient. This may involve locating a safe walking program in the patient’s community, a swimming pool for an arthritic patient, a tutoring program for a teen falling behind in school, respite care for a family with a dependent elder or a 12-step program for a patient battling addiction.

“The patients enjoy hearing my instruction to the students,” Gornitsky says, adding that students offer “additional sympathetic ears and community services.”

