Contributed by Dr. Thomas Esposito, DO
Homeless Health and Street Medicine Elective
University of Illinois Chicago, Chicago, IL

Homeless Health and Street Medicine Elective Syllabus

Course Director and site/staff coordinator: Thomas Esposito, DO.

Course Availability: Year-round

Duration: 2 or 4 weeks

Maximum amount of residents accepted during any single offering: 2-3

Prerequisites: Resident physician of University of Illinois - Chicago or University of Illinois – Rockford in the Departments of Internal Medicine, Family Medicine, Psychiatry, Emergency Medicine, EM-IM, or Med-Peds

Other Participating Faculty: Various faculty from Departments of Internal Medicine, Family Medicine, Psychiatry, Addiction Medicine, and/or Emergency Medicine

Purpose of Elective
This experience aims to provide resident physicians the opportunity to contribute to the care of patients experiencing homelessness during their inpatient hospitalization and on outpatient “street” medical runs. Residents will exclusively care for patients experiencing homelessness to identify social determinants of health, build relationships, and facilitate connections to community partners to deliver continued patient care in a traditional inpatient, outpatient or street medicine setting. By doing so, residents will gain a deeper understanding of structural violence that impacts some of the most vulnerable people in our healthcare system and engage in tangible means to address systemic inequities. Residents will participate in outpatient experiences with community partners such as UIC Chicago Street Medicine, The Night Ministry, and Community Outreach Intervention Projects (COIP).

Key Goals:
· Address the many health disparities that exist within the homeless population through a multi-disciplinary approach that focuses on individual people
· Break down stigmas by promoting positive dialogue between people experiencing homelessness and the medical community through engaging providers from a variety of disciplines.
· Build trust and improve communication between those experiencing homelessness and the medical community.
· Provide access to continuity of care during their inpatient hospitalization and discharge planning with the goal of connecting patients to a permanent medical home.

Learning Objectives and Expectations

Medical Knowledge
· Demonstrate understanding of the basic science, physiology, and pathology of the conditions of patients experiencing homelessness.

· Show critical thinking and application of medical knowledge in plans for workup and treatment of patients, and the understanding and interpretation of basic diagnostic modalities.
· Apply the principles of the social and behavioral sciences to explain the impact of economic, psychosocial, spiritual, and cultural influences, on health, disease, care plan adherence, and healthcare disparities.

Patient Care
· Demonstrate the ability to take a history and perform a physical exam on patients presenting with a variety of needs.
· Show critical thinking and application of medical knowledge in plans for workup and treatment of patients, and the understanding and interpretation of basic diagnostic modalities.
· Assess the social needs of patients and gain insight into the various modalities of social support provided to this population by local resources.
· Continue to evaluate and educate patients throughout their encounter regarding their workup, treatment, and discharge plans.
· Utilize electronic health records to provide effective care of patients

Interpersonal and Communication Skill
· Communicate on patient's behalf by clearly and concisely staffing cases with the attending.
· Communicate effectively when counseling and educating patients and families across the broad range of socioeconomic and cultural backgrounds.
· Communicate effectively with peers and other health care professionals, including during transitions of care when responding to consults.

Practice Based Learning and Improvement
· Set individual learning goals throughout this elective by utilizing podcasts and research articles to further expand one's knowledge and understanding of clinical conditions and unique needs of people who experience homelessness.
· Resident physicians are encouraged to solicit feedback and utilize feedback to further improve on their approach to caring for homeless patients. Attending physicians are required to provide periodic feedback to promote resident advancement throughout the elective.

Professionalism
· Demonstrate professionalism by reading pre-rotation responding to all consults within a timely manner and completing rotation
· Resident physicians will act in a professional role and demonstrate respect for all patients encountered by being responsive to their needs and privacy.

Systems Based Practice
This rotation will allow resident physicians to understand how street medicine is practiced and the importance of bringing medical care to the patients who have limited access to care. They will work towards improving systems in the inpatient and outpatient setting to decrease morbidity and mortality in this vulnerable community. They will reflect on these experiences in a final reflection paper.

Interprofessional Collaboration
Resident physicians will collaborate with physicians, nurses, social workers, case managers, and other providers while caring for patients. Resident physicians should be active participants in the health care team, treating all members with respect and trust.

Personal and Professional Development
Resident physicians pursuing this elective are demonstrating their commitment to serving and learning further about supporting patients who are underserved. This is evidence of their personal commitment to pursue appropriate learning opportunities for the purpose of personal and professional growth and development.

Description of Learning Activities

This elective will span across two main settings. The primary site will be an inpatient consult service within University of Illinois Hospital and the secondary site will be several outpatient opportunities through COIP. For the primary site, resident physicians will be responsible for staffing the Homeless Health Physician Support Service. All consults will be addressed within 24 hours of being placed (except on weekends). Resident physicians will be responsible for taking time to understand the patient's medical needs and social needs, perform a street medicine focused history and physical examination, staff with a supervising physician, document a clinical encounter note within EPIC, speak with consulting service, and coordinate care with allied health professionals, social workers, case managers, and nursing staff. Resident physicians will round on patients for the duration of their inpatient stay and assist in providing recommendations for continued care upon discharge. This experience will allow resident physicians to be the key participants in building a functional model of integrated and interdisciplinary care for individuals experiencing homelessness.

For the secondary setting, resident physicians will have the opportunity to participate on medical street runs with UIC Chicago Street Medicine or community partners such as The Night Ministry and COIP. Residents participating on medical runs with UIC Chicago Street Medicine will spend 2-3 hours per run visiting various encampments of people experiencing homelessness to provide medical care. Accompanying team members will include a street run coordinator, UIC medical students, social worker and/or case manager. Residents participating on medical runs with community partners such as the Night Ministry will spend one half day to one full day per run on a mobile health van visiting various encampments of people experiencing homelessness. Accompanying team members will include two social workers. Resident physicians will also be accompanied by team members educated on harm reduction and will learn how to counsel patients on various harm reduction techniques on medical runs. Residents participating on COIP medical runs will spend ½ at the brick-and-mortar location on Chicago's west side or out on the mobile health van providing medical care.

Outside of these clinical responsibilities, resident physicians will engage with literature and podcasts on topics of social justice and medical care for people experiencing homelessness.

Example Schedule

Each resident will have a unique schedule tailored to their specific interests with time built in for prior obligations and/or community clinic. Resident physicians will see inpatient consults on the homeless health consult service Monday-Friday from 8am-5pm. Residents on the consult service will respond to inpatient consult requests at UI Hospital to see patients experiencing homelessness or unstable housing. Residents will perform a comprehensive history and physical examination with a focus on social determinants of health (see example note here) Residents will collaborate with social workers, case managers, nursing staff, and the primary team to ensure a patient focused plan for medical care, discharge planning, and future follow up. When residents are not seeing new consults, they will check in on existing consults in the hospital for whom the consult team has previously established a relationship with or spend time engaging in recommended educational material (see Appendix 1). Residents will not have any clinical duties on Saturday or Sunday except if they decide to go on a UIC Chicago Street Medicine medical run that takes place over the weekend. Additionally, residents can see patients at COIP's brick and mortar location or on the mobile health van.

Patients coming to COIP are often homeless and come in on a walk-in basis. Residents will perform a medically appropriate history and physical exam and staff with an attending physician on site.

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Weekend**
AM	Homeless Health Consult Service or COIP	Homeless Health Consult Service or COIP	Homeless Health Consult Service or Resident Continuity Clinic	Homeless Health Consult Service or COIP	Homeless Health Consult Service or COIP	
Noon	Program specific noon conference	Program specific noon conference	Program specific noon conference	Program specific noon conference	Program specific noon conference	
PM	Homeless Health Consult Service or Resident Continuity Clinic	Homeless Health Consult Service or Night Ministry Run	UIC and Rockford Combined Street Medicine Didactives	Homeless Health Consult Service or Resident Continuity Clinic	COIP	Chicago Street Medicine or Mobile Health Team

***Flexibility in schedule to accommodate continuity clinics, research, or prior obligations**
***Residents going out on mobile health runs will not be expected to round on inpatient consults during day of mobile run**

Mobile Vans: South Side Expansion Van, West Side MOUD Van and West Cook Mental Health leave the corner of Paulina and Taylor at 10:30a and return about 3:30p. Friday LSD Encampment outreach van leaves from corner of Paulina and Taylor at 8:30am and returns around 12:30 pm

Rotation Responsibilities

· Complete the required orientation materials prior to the first day of the elective rotation. Orientation will include meeting with the course director prior to discuss resident expectations and goals, review of the course syllabus, and completion of required material learning materials (see Appendix 1)
· Address inpatient consults at UIH regarding patients experiencing homelessness, participate in care coordination, charting recommendations in EPIC, and daily rounding for duration of patient's inpatient stay.
· Participate in a minimum of 2 outpatient opportunities with UIC Chicago Street Medicine, Night Ministry or COIP. Residents may choose to participate in more than 2 opportunities as their schedule allows
· Engage with a minimum of four educational materials (podcasts, research, or articles) regarding some of the many issues faced by persons experiencing homelessness. Recommended resources and sample log are provided below (Appendix 1, Table 1 and 2)
· Complete a final evaluation of the rotation to assist the director in further strengthening the elective rotation.

Required Reading/ Educational Resources

See appendix 1

Recommended Reading/ Educational Resources:

See appendix 1

Assessment

Resident formative evaluations will occur at the end of the rotation as required by the ACGME Common Program Requirements V.A, V.A.2 and V.A.3. Resident physicians will be assessed based on the above learning objections and expectations and in accordance with ACGME. Additionally, residents will be expected to:

1) Review all orientation materials prior to the start of the rotation.
2) Listen to or read a minimum of four podcasts or articles. This will include documentation of what the resident has learned from said education materials and how this information will be incorporated into clinical practice.
3) Provide the course director with feedback through a final rotation evaluation

Appendix and Tables

Appendix 1: Educational resources

Required resources to view:

1) National Health Care for the Homeless - Health Care for the Homeless 101 course
   a) Can create a free account to access the lecture
2) Overview of Medical Respite
   a) https://www.allhealthequity.org/respite-guide
3) A Public Health Approach to Reducing Morbidity and Mortality Among Homeless People in Boston
   https://santabarbarastreetmedicine.org/wp-content/uploads/2011/04/Public-Health Mortality-Study-with-Koh.pdf

Recommended resources to view:

- National Health Care for the Homeless
  Dissecting the Street Medicine Landscape webinar

- Loyola Street Medicine Podcast - https://open.spotify.com/show/0KAoR8oE0Qi0RGxo6rTx9c

- Social Impact Podcast -Housing: https://www.socialempact.com/announcepodcast/housing

- National Health Care for the Homeless Council
  https://nhchc.org/our-work/national-coalitions partners/

- Criminalization of homelessness
  - *Reading https://housingnothandcuffs.org/*
  - *Podcast https://open.spotify.com/episode/6yetI7bu119JFLM8cXptdB*

- Suboptimal Healthcare for the Homeless: https://www.chicagostreetmedicine.org/uploads/1/2/1/1/121114305/_no_graphs__homeless_healthcare__suboptimal_care-2.pdf

- Local perspective on the homeless population encountered at Chicago based hospital Lamparter LE, Rech MA, Nguyen TM. Homeless patients tend to have greater psychiatric needs when presenting to the emergency department. Am J Emerg Med. 2020 Jul;38(7):1315-1318. doi: 10.1016/j.ajem.2019.10.012. Epub 2019 Nov 18. PMID: 31836345.

- Thresholds Online training for mental health disorders and community engagement
    - Meeting Recording: Mental Health Disorders - Introduction https://thresholds.zoom.us/rec/share/bw0sJV53TbUavIzD5MvoIYdRiglbBNmXwKi0xmn3ZlRF8sTKY8eUzLFy4XyaGZSy.g6XN2d6BI7X-bCWJ
        Access Passcode: Thresholds!1
    - Meeting Recording: Engagement https://thresholds.zoom.us/rec/share/OZMYrdmCKifgiPfaxisoEEj7bHVZ3Km3xoiMFDMMov0q_HOiWR2bdy7fNpdMbP.lPbRL415ETz8N6IF
        Access Passcode: W715z@tt

- New York Time article featuring Dr. O'Connell: "You have to Learn to Listen" https://www.nytimes.com/2023/01/05/magazine/boston-homeless-dr-jim-oconnell.html

- Stories from the Shadows: Reflections of a Street Doctor by Dr. Jim O'Connell
  Biography by Tracy Kidder - Rough Sleepers: Dr. Jim O'Connell's urgent mission to bring healing to homeless people

- "I Don't Want to Die on the Street": Patient and Practitioner Perspectives on Street-Based Care for Older Adults Experiencing Unsheltered Homelessness
    - https://link-springer-com.proxy.cc.uic.edu/article/10.1007/s11606-025-09591-7

Webinars:

- Xylazine: An Introduction for Service Providers Working with Unhoused Individuals - Watch recorded webinar here

- Street Medicine leaders from the University of New Mexico and the Street Medicine Institute are inviting you to attend the Project ECHO webinar series! Monthly sessions will provide an opportunity to learn from each other and maintain an ongoing connection with the street medicine community worldwide. Beginner and experienced street medicine clinicians and non-clinicians are encouraged to participate. Registration is FREE, but required for participation.

  Each session starts with a brief didactic, followed by a case presentation. Participants will discuss the case, the topic of the day, and questions related to street medicine for the remainder of the session. Didactics for each session will be recorded, but for privacy reasons, the case and discussion will not be. All sessions will be held in English.
    - Street Medicine Project ECHO will meet the 2nd Monday of each month on zoom at 5:30 pm EST/ 9:30 pm GMT.

Additional Learning and Resources:

- HUD Exchange: Resources and Assistance to support HUD's community partners
- SAMHSA programs and resources help prevent and end homelessness among people with mental or substance use disorders: https://www.samhsa.gov/homelessness-programs-resources
- Street Medicine Institute resources
- Attitudes Towards Homelessness Inventory: A Psychometric Analysis
- Learn about some of our community partners including The Night Ministry, Housing Forward, Shower Up Chicago, and Chicago Street Medicine
- For a global perspective: Becoming Homeless, Surviving Homelessness - The Lives of 6 Working homeless men in Yamuna Pushta, Delhi
  The Better Data Project: Global Homeless Data
- The Unmarked Graveyard: Stories from Hart Island
  https://www.npr.org/2023/10/09/1204127804/hart-island-new-york-radio-diaries
- All Chicago Jan-June 2023 update (webinar): https://allchicago.talentlms.com/catalog/info/id:611

Appendix 2: Homeless Health Consult Service Sample Note

Assessment and Plan

Immediate Needs:
- Supplies:
  - ***
- Medical:
  - ***
- Housing:
  - ***
- Social:
  - ***

Resources Provided: ***

Qualify for medical respite: ***

Recommendations:
- ***

History Of Present Illness:

Subjective
H.O.U.S.E.D.B.E.D.S.

Homelessness

- history of homelessness (current/past): ***
- current location (i.e. duration, shelter type, unsheltered vs sheltered): ***
- Is patient victim of recent domestic violence? (If yes reach out to SW for domestic violence shelter placement): ***

Outreach
- who else is engaging with patient outside/other services utilized: ***
- Family involved?: ***

Utilization
(how does patient utilize health care, social services, and judicial system)
- Last time visited PCP: ***
- estimated ED visits in past month: ***
- last hospitalization: ***
- involvement in judicial system/parole: ***
- SSI/SS benefits?: ***
- Cell phone?: ***
- ID?: ***

Salary
- Existing financial support: ***
- Barriers to financial support: ***

Eat
- patient access to food: ***
- food banks/soup kitchens pt using: ***

Drink
- patient access to clean water (i.e. amount per day, source): ***

Bathroom
- patient access to toilet (i.e. accessibility/barriers): ***
- patient access to shower/washups/handwashing: ***

Encampment
- sleeping location (i.e. ground, bed, floor, chair, car, etc.): ***
- type of shelter (i.e. none, under overpass, sleeping bag, single tent, encampment, shelter etc.): ***
- protection/safety measures while sleeping: ***
- Sleeping alone?: ***

Daily routine
- ***
- ADLs/IADLs (including who helps if dependent):

Substance use (current/past use):
- ***

Thank you for consulting the homeless health consult service, we will continue to see the patient during the admission until discharge. We are available via epic chat or by page Monday-Friday from 8am-5pm. Consults

placed over the weekend will be addressed Monday morning. If patient is discharging to street please alert us and we can provide follow up on streets with one of our street medicine outreach partners for basic medical care, check ins, food/water/clothing.

Table 1: Educational Resources Log

	Podcasts listened to or Articles Read	**Date Listened/What Learned**
1		
2		
3		
4		

Table 2: Suggested Reflection Log

Site/ Date	Patient Initials	Condition seen/Reflection on impact of homelessness on condition	Resources Offered/Action Taken

REFERENCES

1. Henry M, de Sousa T, Roddey C, Gayen S, Bednar T. The 2020 Annual Homeless Assessment Report (AHAR) to Congress. U.S. Department of Housing and Urban Development. https://www.huduser.gov/March 2023 Richards and Kuhn / AJPM Focus 2023;2(1):100043 9portal/sites/default/files/pdf/220-AHAR-Part-1.pdf. Published January 2021.
2. Morrison DS. Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. Int J Epidemiol. 2009;38(3):877–883. https://doi.org/10.1093/ije/dyp160
3. Padgett DK. Homelessness, housing instability and mental health: making the connections. BJPsych Bull. 2020 Oct;44(5):197-201. doi: 10.1192/bjb.2020.49. PMID: 32538335; PMCID: PMC7525583.
4. Bedmar MA, Bennasar-Veny M, Artigas-Lelong B, Salvà-Mut F, Pou J, Capitán-Moyano L, García-Toro M, Yáñez AM. Health and access to healthcare in homeless people: Protocol for a mixed-methods study. Medicine (Baltimore). 2022 Feb 18;101(7):e28816. doi: 10.1097/MD.0000000000028816. PMID: 35363172; PMCID: PMC9282039.