Gaining Humanity

What is Family Community Clinic?

Family Community Clinic (FCC) is a non-profit, free clinic that provides medical assistance to the medically uninsured. Volunteer medical professionals see adults and children. Spanish interpreters are also available. FCC's mission is to improve the health of the medically uninsured in the Louisville Metro and surrounding areas by providing high quality free healthcare service and wellness education to those who lack appropriate alternatives (Family Community Clinic, 2017).

FCC was established in May 2010 and opened its doors in 2011. It operates out of the Parish Offices of St. Joseph Catholic Church in the burrow of Butchertown. Since its establishment, FCC has been quietly serving thousands of uninsured people a year in the basement of the church. George Fischer, a Louisville philanthropist who helped found the clinic, describes it as the hidden jewel on Washington Street.

When it first opened its doors, FCC was only open Saturdays for one shift and treated episodic illnesses. As the patient base grew, demand grew. Now, FCC is open five days a week for eight shifts and able to treat more chronic conditions such as diabetes and hypertension.

Why Family Community Clinic?

My service learning experience involves expanding access to quality healthcare in my community. I am a Biology major and plan to pursue a career in medicine. My ultimate goal is to earn an MD/MPH with a distinction in global health. Global and local health have always been passions of mine. I firmly believe that all people, regardless of their circumstances, should

have access to quality healthcare. When I started college, I heard about FCC through friends and began volunteering there. When thinking of where to do my service learning capstone, I knew Family Community Clinic was, without a doubt, the best choice. I knew that this experience would be different than my normal volunteering experiences. In addition to reflecting on my normal activities, I would be relating what I have learned in PJCT classes to my service.

The Clinic Flow

When a patient enters the clinic, the first person they talk to is the front desk volunteer. The patient gets checked in and the nurse takes their vitals in triage. Then the patient talks to the doctor. Normally, the doctor orders a blood and/or urine test. The patient makes their way to the lab for the tests. Then, the doctor discusses their results and provides the appropriate treatment. If the patient needs a follow up appointment, a referral to another clinic, or a specialty test, they schedule it with the front desk volunteer on their way out.

Specialty Clinics

In many cases, a patient's case is beyond the scope of the clinic. Family Community Clinic works to find other medical providers who can meet their patient's needs. Through the years, FCC has partnered with many specialty clinics. There are two mobile clinics that provide care at FCC monthly. These are the dental and mammogram vans. The dental van and its services are provided by The Louisville Dental Society. The mammogram van and its services are provided by James Graham Brown Cancer Center and KentuckyOne Health.

FCC also partners with Surgery on Sunday. Surgery on Sunday is not-for-profit organization that provides outpatient essential surgical services at no cost to income eligible, uninsured or underinsured individuals who are not eligible for federal or state assistance (SOS, 2017). At FCC, Surgery on Sunday physicians set up consolations with their patients in one of the patient rooms. Other specialty clinics FCC provides are a dermatology clinic, diabetes clinic, urology clinic, and eye clinic.

My Responsibilities

My main responsibility was to man the front desk. The first thing I did when entering the clinic was sign into the EMR. I checked to see how many appointments are scheduled for the shift and decided how many walk-ins we would be able to take. When a patient walked in, I asked if they had an appointment. If they did, I had them sign in. If not, I had them fill out an intake form with their information. I checked the patients in, printed out a face sheet with their information, attached it to a clipboard, and put it in the tray. Then the nurse triaged the patient.

At the end of a patient's visit, I checked them out. If they needed a referral to another clinic, I got that for them. If the doctor ordered a radiology or specialty test, I printed out the orders and gave the patients directions to the lab. If they needed a follow up appointment, I scheduled it. If they needed a work or school note, I made sure they got it.

The point in the shift when checking in and checking out patients overlaps was when things would get hectic. If a patient walked in without an appointment, I asked what they needed to be seen for. If they looked ill or were in a lot of pain, I tried to fit them in. If not, I

rescheduled them for another day. At the same time, I would be referring patients who were leaving and making follow up appointments. If the phone was ringing, I tried to answer it as much as possible while doing these other things. Being able to multi task was key when manning the front desk.

Most of the patients only speak Spanish. We have volunteer interpreters and some Spanish-speaking physicians. When the interpreters were busy in the patient rooms, I fended for myself. In school, I took up to intermediate level Spanish. I am in no way fluent, but I used what I knew and, in general, managed. When I first started at the clinic, I did not expect to have an opportunity to actively practice my oral Spanish communication.

Another responsibility I had was to enter patient survey data into a master spreadsheet. Before starting this job, I was warned that the surveys had been accumulating for over a year so it would be a long job. I claimed an open computer in the breakroom and entered the data. The data included income, employment, transportation to the clinic, number of people in household, how the patient learned about FCC, if the patient was a veteran, if the patient had a disability, if the patient can afford medication, if the patient was insured, and if the patient had a primary care provider.

My last responsibility was training new front desk volunteers. Before this capstone, I had been volunteering at the clinic for over a year. There are a few core desk volunteers who regularly take shifts at the clinic. I was one of those volunteers. During my time at the clinic, I got to know the volunteer coordinator. She recently shared with me that there was an influx of new front desk volunteers and that she was going to have them shadow the core desk

volunteers. This job included the responsibilities of the front desk along with teaching a new volunteer the ropes.

Other than teaching the new volunteers how the clinic works and what their job entailed, I also made sure they were comfortable in their new role. The front desk can be very intimidating. There is always a lot going on and juggling all of the responsibilities can be stressful. When overwhelming situations were unavoidable, I would do my best to keep everyone's spirits up. If there was downtime, I would facilitate discussion between the new volunteer and patients, current volunteers, and the clinic staff. Getting to know the people you serve and the people you serve with is important in a person's drive to volunteer, especially at the front desk. I made it my own job to incorporate this into the training.

PEAC 325

<u>Patient survey data</u>

One of my jobs while at the clinic was to enter patient data. In all honesty, when I was given this job, I was not excited. I knew that it would involve long hours of mindlessly staring at computer screens. The only thing I expected to get out of this job was to slowly lose my mind. To my surprise, I benefitted from this job is two major ways.

The first benefit involved getting to know the volunteers better. I parked myself at one of the computers in the breakroom and talked to everyone who came through. The physicians and nurses learned of my future career plans. If they saw something that would help me learn, they went out of their way to make sure I got that experience.

Another benefit involved learning more about the patient's everyday lives. The spreadsheet I entered data into showed graphs and charts displaying the data. I could see average incomes, employment, if the patient could afford medication, if the patient was insured, if the patient was a veteran, and if the patient had a disability. I was in a situation where I could relate the numbers to the people. There was a huge difference in my circumstances compared to the patients circumstances. The health gap I observed between myself and FCC patients reminded me of learning about social injustice.

Social injustice challenges us to recognize the ordinarily invisible harms that are inflicted but not seen (Opotow, 2007). In my opinion, and the opinion of the World Health Organization, not having access to adequate healthcare is a social injustice. Good health allows people to act on their human rights, including civil, political, social, and economic (Ruger, 2010). FCC has recognized this. The founders and volunteers saw the need for access to quality healthcare in our community and did something about it.

Timmy Global Health

My final project in PEAC 325 involved starting a Timmy Global Health chapter at the University of Louisville. The mission of Timmy Global Health is to expand access to healthcare and empowers students and volunteers to tackle today's most pressing global health challenges. As part of this goal, Timmy sends out global medical service teams to their international locations to provide care. Through their work, Timmy enables volunteers to spearhead the fight for global health equity and bring the promise of a healthy future-one patient at a time.

Throughout my life, I have traveled to many third world countries. My experiences in these countries fueled my passion for my future career. For years, I had wanted to attend an international medical service trip. I wanted to not just visit a country, but to provide some type of aid. While at FCC last year before this capstone, I learned about Timmy Global Health. I reached out to the chapter at University of Louisville School of Medicine and Timmy Headquarters about starting a chapter. The medical school invited me to attend their summer Timmy service trip to Ecuador. I happily accepted.

While researching Timmy, I realized that starting a chapter at the University of Louisville would be a great final project for PEAC 325. This project provided me with a plan and direction for starting this chapter. It made me sit down and think through the process of starting an RSO. With great pleasure, I was able to establish the Timmy chapter last semester at UofL.

Words cannot do my service trip justice. I came back as a whole new person. My experience provided me with motivation to push through school. Being a premed Biology major is no walk in the park. My first year and a half of my undergraduate education was tough. I struggled with seeing the light at the end of the tunnel. At the time, the rigorous course load did not seem to be worth it. I stumbled on Timmy at the perfect time.

In PEAC 325, one of the projects was personal conflict analysis presentations. My conflict involved my father. He is extremely overprotective. I had assumed that he knew that I wanted to become a doctor and eventually provide international aid. When I brought up the possibility of going on a service trip, he shot it down immediately. I was devastated. All of the hard course work was not worth it unless I could do what I planned on doing. My initial response was to quit. I finally communicated my feelings to my dad. He realized how passionate

I was about going and agreed that I could go. If I had not talked this conflict through with my classmates for this project, I would not have been able to go. Expressing my emotions in a levelheaded way led to a positive conflict transformation.

After attending the Ecuador service trip, I could see the light at the end of the tunnel. I met compassionate physicians who were promoting positive peace. I saw where I wanted to be in ten years and it was attainable. I went into the following semester as a refreshed, motivated student. I started the Timmy chapter and have involved more undergraduates with the upcoming University of Louisville School of Medicines service trip.

Compassion

At FCC, volunteers are there because they want to be there. When I meet a new volunteer, I ask what made them decide to volunteer here. Most responses are to give back to the community. About two months in to my service learning, I asked one of the interpreters this question. Her response was refreshingly different. She said it brought her peace. Further, she expressed that to give peace, we have to have peace. When she said this, I recalled when we discussed Thich Nhat Hanh in PEAC 325. He said that, "If we are not happy, if we are not peaceful, we cannot share peace and happiness with others, even those we love, those who live under the same roof. If we are peaceful, if we are happy, we can smile and blossom like a flower, and everyone in our family, our entire society, will benefit from our peace" (Hanh 1987).

In this clinic, the inner peace many volunteers possess has blossomed into compassion. When scheduling my shifts, I prefer to take Saturday mornings. These shifts prove to be the most hectic. I enjoy high-stress situations so Saturdays are perfect. The clinic hours on Saturday are 8 am to noon. A typical shift consists of two primary providers. One provider was over an hour late and someone had overbooked us. Because of the overbooking, I had to send many patients

away. Having to tell people we cannot see them is my least favorite thing to do at the clinic. I had sent over ten people away and it had started to affect my spirit.

At 12:30 pm, things started to slow down. We were wrapping everything up when a mother walked in with two very sick children. The pediatrician on staff was putting on his coat on his way out the door. My heart sunk because I knew we would have to send them somewhere else. The pediatrician stopped in his tracks when he saw the children. He immediately asked me to check them in as he headed back to the patient room. His compassion for his patients and his dedication to his profession hit me hard. He saw more than the average number of patients, stayed late, and still did not think twice about seeing those little girls.

This experience meant a lot to me. In the fast-paced society we live in, it is easy to get caught up in an individualistic lifestyle. In general, when I am out and about, I do not see many compassionate acts. Most people are only concerned with their own agendas and needs. When my exams start to pile up at school, I start to have this same mentality. I only focus on my agenda and what I need. That day at the clinic, I needed to leave to study. We had stayed late and I was already behind. All I could think about was leaving. When the pediatrician took those sick girls back, I caught myself.

I was so concerned about my exam that I forgot about the bigger picture. I needed to do well on that exam to do well in the class to have a good GPA to ultimately get into medical school and become a physician. In the end, my patient's wellbeing will be my top priority. The pediatrician's actions reminded me that it is never too early to start being compassionate in your profession, no matter what it is.

PEAC 350

Personal bias

I took another Saturday morning front desk shift at FCC. About an hour before the clinic closed, a foreign family walked in. They needed an appointment for their daughter. The husband sat in the waiting room and was extremely quiet. The mother filled out the paperwork and talked to me about their daughter. Because the father was so quiet, I assumed that either his family had just immigrated to the United States and he was either uncomfortable in the country or he did not speak English.

To say I was wrong would be an understatement. When I was scheduling a follow up for their daughter, the father started asking about the clinic. The following week his mother was visiting from out of the country. He inquired if she could be seen at FCC. I asked what she needed to be seen for. He told me there was an issue with her eye. Reaching for the eye clinic scheduling folder, I told him I could refer him to one of our partnering clinics. He explained that it was not actually an issue with her eye, but rather with an issue with the nerves in her eye. The father went into extreme detail about the nerves in our eyes and how he thought the issues was with her oculomoter nerve or trochlear nerve.

My surprised expression made him laugh. He then explained that he was a third year neurological surgery resident at University of Louisville School of Medicine. Boy, was I wrong about this guy. When reflecting on this experience, I remember discussing implicit bias in PEAC 350. I saw a quiet, foreign man who needed assistance from this clinic and quickly jumped to make assumptions based on my personal bias. This experience reminded me that you never know who the person is beside you. A person's circumstances and appearance do not fully define who they are.

From this family, I learned how to recognize my implicit bias. In a comment on one of my blog posts, I was reminded that we are all susceptible to generalizations and that it is not necessarily bad. It is how we make sense of the world. After this experience, as soon as I notice myself making assumptions based on my implicit bias, I catch myself. Next, I ask myself if the assumption could potentially affect my behavior around that person, why it would or would not, and if there is evidence to back up the assumption. These series of questions have proved to be very useful.

In my future career as a physician, I will have to recognize my personal bias when treating patients. Learning how to do this now will help when I am presented with a case that my bias could affect. Healing will be my top priority. What I think of a patient's attitude, demeanor, or decisions will only matter if affects their treatment. It is easy to generalize someone's circumstances. Asking these questions, now and in the future, will ensure that my patients get the best care out there.

Emotional Intelligence

After learning about emotional intelligence in PEAC 350, I noticed that the bulk of FCC volunteers have emotional intelligence. Emotional intelligence encompasses self-awareness, self-management, motivation, empathy, and social skills. Self-awareness is the ability to understand our emotions and reactions. In the clinical setting, this is important. If something happens during a shift that really upsets you, it would be frowned upon to start yelling at the person who upset you. Processing emotions in a timely manner leads to greater efficiency in the workplace.

Self-management follows self-awareness. After recognizing emotions, self-management is when we adapt our emotions to the situation. Motivation is channeling emotions to lead to motivation. In a personal experience in the clinic, I remember seeing a really sick patient who

probably would not be seen by the physician. I was really sad and that sadness motivated me to work faster so he could be seen.

Working in the medial field requires empathy. Recently, medical school have pushed instilling empathy in students. Effective physicians should be able to process the feelings of others and use their understanding to relate to them more effectively. At FCC, when a volunteer is empathetic towards a patient, the patient becomes more comfortable around them. When the patient is more comfortable, they reveal more about themselves which can lead to more effective treatment. Having social skills in the clinical setting helps everyone work as part of a team. At FCC, if no one had social skills, we would not be a functioning clinic. Being emotionally intelligent is important in our everyday and professional lives.

Putting on the Mediator Hat

When learning to become an effective mediator, I remember being told to put on my mediator hat. Essentially, this meant that when I was in a mediation, I had to become another person. I had to put my own beliefs, bias, and ideas aside. This will be extremely relevant in my future career. In the future, when I treat patients I will put my doctor hat on. Hopefully, in most situations, I will be able to still be myself around my patients. In some situations, I know this will not be possible.

I know myself pretty well. I am a goofy person who holds strong to what I believe in. When someone disagrees with my opinion or beliefs, as long as they do it respectfully, I have no problem with them. If someone is more serious, I can turn down the goofiness to make them more comfortable. When with a patient, if they say something disrespectful about my beliefs, I cannot let it affect how I would treat them. This is why putting on my doctor hat is so important.

This is a situation where I cannot take their words to heart. With my doctor hat on, I will throw their comment to the side and treat them as if they had not said anything.

Putting my doctor hat on does not mean I will not stand up for myself. It also does not mean if I see something morally wrong I will just sit by and let it happen. It does mean that I will put aside certain feelings or opinions I have to ensure the wellbeing of my patient.

SOC 201

Socialization

The elective course I chose for the PJCT certificate was Sociology 201: Introduction to Sociology. Sociology is the scientific study of human society and social behavior. One topic that I related to my experience at FCC is socialization. Socialization is the process of learning how to interact in society. When entering patient survey data, I noticed that a large chunk of patients learned about FCC through Kentucky Refugee Ministries. Another large chuck of patients are immigrants.

Moving to a country is not easy for most people, especially when there is a culture gap. In the culture from their home country, refugees and immigrants knew how to interact in society. When in a new country, some people find it hard to adapt to new social customs. In the clinic, I have seen patients go through socialization.

We started seeing one family in January who were refugees from Nigeria. Only the father spoke English when I first met him. The mother had diabetes so the family came to the clinic once or twice a month. With every visit, I started to notice a change in their sons. The first thing was that they had picked up English quickly. This comes along with being in Jefferson County Public Schools. The way they dressed also changed. When the boys first started learning English,

we would have broken conversations about who we thought would win the World Cup. They said soccer was the only sport they cared about. The boys came in a few weeks ago and only wanted to talk about football. This was a small change but it was then that I realized how much they had changed in the last few months. It was not a bad change but they had began to conform to their new society.

Health and Society

In this class, we also discussed what factors affected societies. A factor I found extremely important was health. If a population does not have sufficient health, it becomes difficult to guarantee prosperity. In many developing countries and societies, health of the populations is not a priority. A lack of health promotes retrogression of the society. The people who can afford healthcare succeed and make a better future for their children. The people who cannot fall below the poverty barrier. An increase in access to healthcare can give people the boost they need to overcome this barrier.

A healthier population leads to a more productive society. It can spark economic success, participation in politics, an increase in literacy, an increase in education level, and security. If people have more of a voice and feel their needs are being met, the society can experience positive peace.

Alice Goffman

One of the reading requirements was to read a book by Alice Goffman. It was titled *On the Run: Fugitive Life in an American City*. Alice Goffman spent six years living in one of America's most disadvantaged neighborhoods in Philadelphia. She spent her years getting to know a group of young African American men caught up in a web of drug related warrants and

surveillance. Time and time again throughout the novel, Goffman showed the effect the premise of criminality has on families and futures.

This book was my first experience in evaluating my personal bias. Before reading it, I had one opinion about drugs dealers and it was not a nice one. I went through a whirlwind of emotions while reading Goffman's recounts. One story told how a young boy started selling drugs to his mother, a drug addict, so she did not have to sell her body to another dealer. Yes, drug related crime is bad, but I never took a step back to consider why some people resort to it. Reevaluating my implicit bias before taking PEAC 350 was an advantage. When discussing bias in PEAC 350, I was more open when talking about it because of reading this book.

Coles and Conclusion

When reflecting on this experience, I could not stop thinking about Alex's story in Coles's book. Alex was a student volunteering in the ER. While volunteering, a thirteen-year old boy came in with a gunshot wound. Alex held the boy's hand and comforted him. The boy ended up passing while holding Alex's hand. The thoughts Alex has on his experience are something I can relate to. He said that he was reluctant to "take advantage of that experience for academic gain" (Coles, 1993). I have not experienced anything as tragic as Alex, but the unfortunate events I have been a part of while volunteering in clinics, both in the US and abroad, have instilled the same reluctance in me.

Getting into medical school is overwhelmingly competitive. Students go to school for four years, usually studying majors with rigorous course loads, with no guarantee they will get into medical school. Part of the application process involves an interview. How well you do in

the interview determines if you get accepted or not. Some applicants will talk about anything to make a good impression.

During my years serving in the medical field, I have been directly involved in unfortunate experiences. These experiences fueled my passion for my future career plans. Telling these stories and how they drive me would make great topics for medical school interviews. I could definitely wow the panel with them. I have told my close friends and family these stories so I could have people to help me process them. They told me that when telling the stories, I ooze determination and zeal. When I considered incorporating these stories into my interview, it did not settle well with me.

When writing my journal entries for this service learning experience, I initially thought I would have to privately email them. To my surprise and pleasure, this was not the case. The most influential experiences during my service have been extremely positive. Compared to the amount of sadness, I experienced five times as much joy. Patients came in with heavy hearts and minds, but through the work of the amazing staff, the majority of people left with a lighter load.

Experiencing more uplifting than sad moments was a turning point for me. I would tell friends and family all about the staff, patients, and joy Family Community Clinic brought everyone. Now, when I think about what to talk about in my interviews, I am more comfortable bringing up the unfortunate experiences. Overall, my experiences serving in the medical field have been positive and I will definitely talk about them.

A comment on one of my journal entries has led me to realize that discussing the sad experiences is also important. Alex's experience was re-framed as gaining humanity instead of achieving academic gain. This reminded me of a quote by Hippocrates. He said that, "wherever the art of medicine is loved, there is also a love of humanity." Life is not always full of joy. The

sorrowful, angry, frustrating, and depressing experiences I have had are important. They remind me that through hard work, compassion, and determination, I can be in a position where I can make an impact.

During this experience, I met lifelong mentors and friends. I met people who made me think, “In ten years, I want to work as compassionately as you.” Their benevolence gives me a taste of where I will be. I still have six more years before I graduate medical school. During that time, there will be highs and lows. During the low points, I can reflect back to the level of compassion and joy my mentors had. I will always remember this service learning and what I learned from it.

The PJCT classes provided me with guidance. I have always known about my passion for global health. Learning about positive peace and peacebuilding in PEAC 325, along with the final project, guided me in turning my passion into reality during my undergraduate career. PEAC 350 instilled in me the importance of emotional intelligence and active listening. Along with PEAC 350, SOC 201 showed me how to recognize and manage my implicit bias in my personal and professional life. SOC 201 highlighted how people from different cultures adapt to new societies. PEAC 550 tied everything together. I applied the new skills and concepts I learned to this experience. I learned a lot about myself. My path to becoming a physician is clear and I am ready to walk it.

Coles, R. (1993). ***The Call of Service: A Witness to Idealism*****. Boston: Houghton Mifflin Company.**

Hanh, T. N. (1987). A quote from Being Peace. Retrieved April 8, 2017, from https://www.goodreads.com/quotes/71090-if-we-are-peaceful-if-we-are-happy-we-can

Mission. (n.d.). Retrieved April 2, 2017, from http://surgeryonsunday.org/

Opotow, S. (n.d.). Chapter 8 Social Injustice.

Ruger, J. P. (2010). Health and social justice. Retrieved March 27, 2017, from http://www.who.int/bulletin/volumes/89/1/10-082388/en/

Who We Are. (2017, April 3). Retrieved April 6, 2017, from http://famcomclinic.org/about-us/