

# **Health Equity Program (HEP) Evaluation 2015-2016**

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# Health Equity Program (HEP) Evaluation Report 2015-2016

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# Health Equity Program (HEP)

## Evaluation Report

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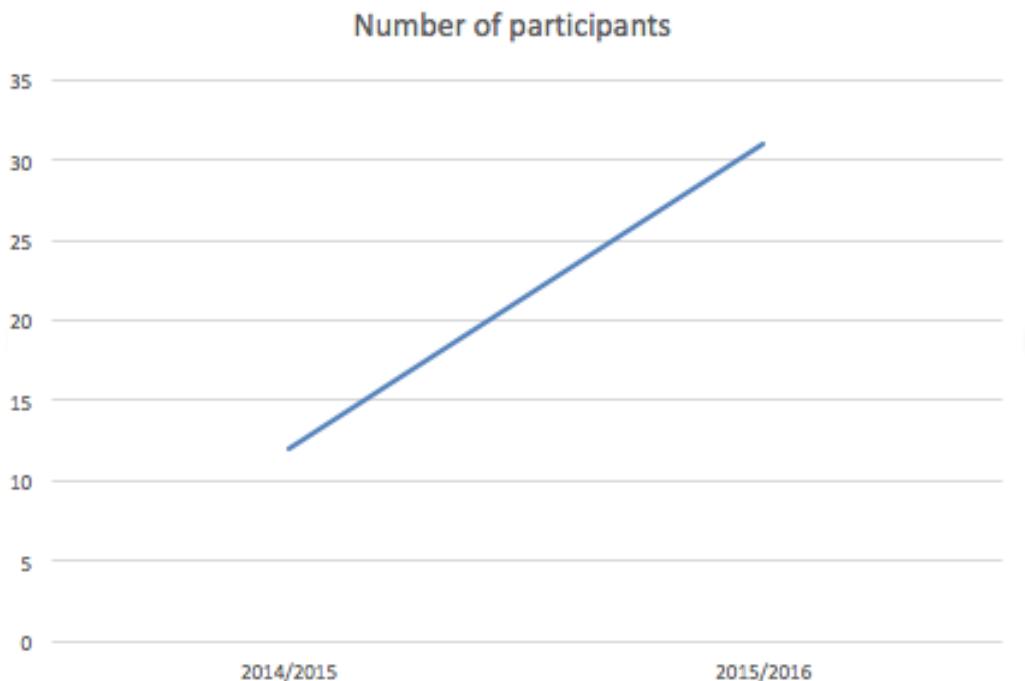
### 1.0 Executive Summary

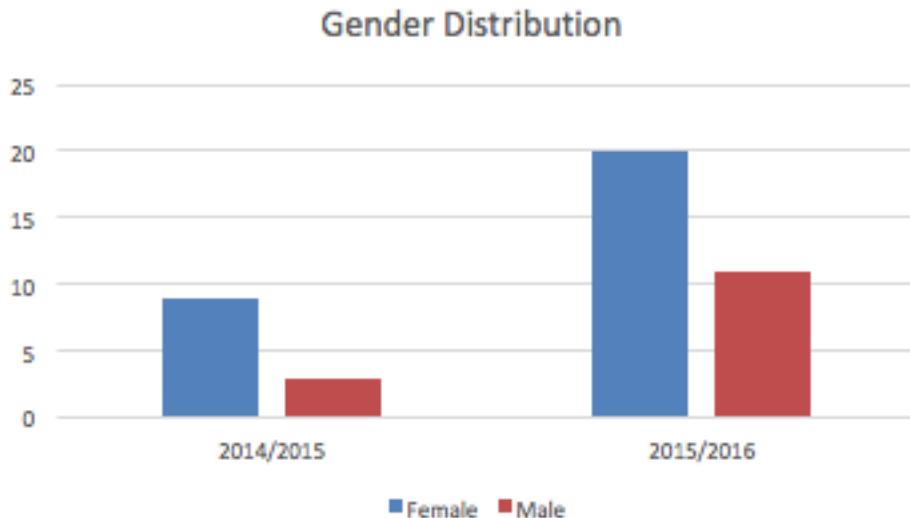
2015/2016 was the second year that the Health Equity Program (HEP) has existed at the Graduate Entry Medical School (GEMS) at the University of Limerick. Clinical observerships continued to take place at the Anna Liffey Drug Project, Society of St. Vincent DePaul and with the HSE Homeless Action Team. The HEP grew tremendously in 2015/2016. Participation in clinical observerships tripled and HEP activities, including hosting speakers in fields related to health equity and fundraising events, were held throughout the school year. This document is an evaluation of the clinical observerships provided to GEMS students by the Health Equity Program.

### 2.0 Evaluation Results

#### 2.1 Participant Demographics and Experience

The number of students participating in clinical observerships increased from 12 to 32. This year the ratio of participants that identified as male or female was closer to 1:2 than in the previous year where the ratio was closer to 1:3. Of the 20 participants that completed a survey following their observership, 7 students had not previously volunteered or worked with marginalized populations, nor had they been exposed to harm reduction.





## 2.2 Experience of Participating in HEP

Overall, students expressed that this was a good learning opportunity and that they had a better understanding of the social determinants of health after completing their observership. Students also felt that participation in this program complemented the curriculum at GEMS and strengthened their communication skills. One student commented that their observership experience made them want to work with marginalized communities, indicating that participation in the HEP may help students to refine their career choices. Furthermore, students expressed a better understanding of how health professionals act as advocates for their patients.

In future years, completion of a pre-clinical survey will become a requirement for participating in the HEP in order to better elucidate individual learning goals of students. This will help the HEP to evaluate whether knowledge and skills gained in the program are clinically and statistically significant. Since no pre-observership data was collected this year, we are unable to determine if this was the case. However, when asked **“Tell us something you learned about or something that surprised you”**, two main themes were identified:

### **1. A deeper understanding of the inter-professional team in health services for marginalized populations.**

*“Much of the role of the nurse involved in the HAT is also associated with listening to the client and the social problems that they face. The approach to their care is holistic and not limited solely to medical care. This is something that I will certainly take away with me for my future career.”*

### **2. A deeper understanding of the complexity of issues that affect the health and well-being of patients and how this will impact their future medical practice.**

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*"With many patients I met, it is not clear what is the best next step for their healthcare, and healthcare professionals and patients are often faced with very difficult decisions. Every patient I met had so much going on in their life - homelessness, substance abuse, physical and mental illness, self-esteem issues, isolation, trouble with the law. PBL did not prepare me to consider so many factors, so in this respect, the HEP was very educational."*

*"While we focus on biomedical science, it is vital that we do not forget the psycho social aspects. Many of the patients I encountered on the observership were all dealing with internal and social problems. I feel I personally need to focus on that social aspect of patient care."*

*"I have a stronger knowledge of how to address, communicate and understand patients with a drug addiction and their hobbies...A very sad situation for them. A very insightful and educating time for me."*

*"I got to see some of the barriers to healthcare for different minority groups incl. asylum seekers, people suffering with addiction and with housing difficulties...this really touched me...I will 100% remember these cases when dealing with similar situation."*

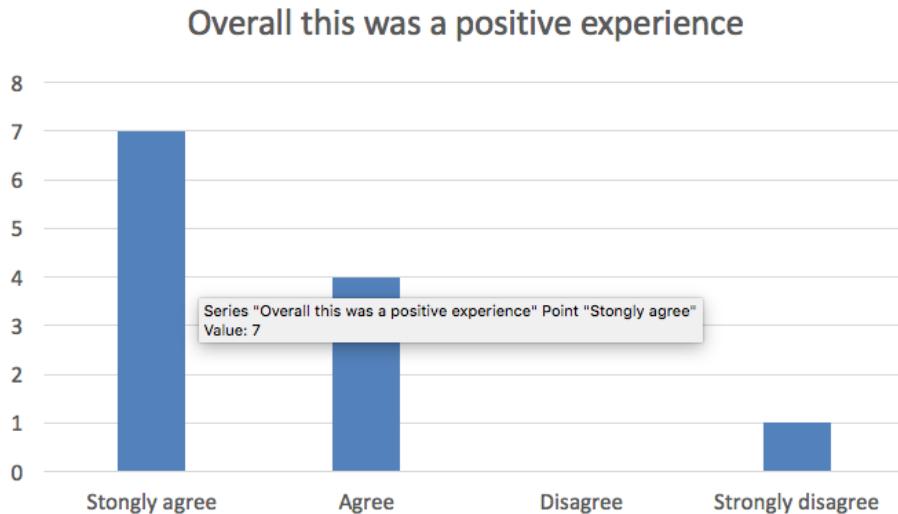
*"I was shocked by the little medical treatment these people receive, and now I would like to work in this area at some stage in my career."*

### 2.3 Overall Program Rating and General Feedback

#### 2.3.1 Program Rating

Overall, students who participated in the HEP observerships at GEMS valued their experience at SVP, Ana Liffey and HAT. Students were asked to rate the program based on how strongly they agreed with the statement, "Overall this was a positive experience". 90% of students agreed or strongly agreed with this statement. Of the one student that strongly disagreed with this statement, they did not provide any feedback on why this was the case. Unfortunately, we cannot be sure if the negative experience was due to the clinical site, experiences at the site, communication with the HEP team or for another reason. However, despite this finding, 100% of surveyed students said that they would be interested in participating in more clinical observerships offered by HEP.

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### 2.3.2 General Feedback

Students were asked to provide general feedback for the HEP in order to improve the program in subsequent years. Students commented they were very satisfied with their experience and did not provide many suggestions for improving the program. One student requested more detailed instructions on how to find the clinical sites and a map has since been included in the pre-observership package. The majority of students requested the opportunity to participate in a second observership and would like the HEP to secure placements at more clinical sites in Limerick. Specifically

## 3.0 Conclusion

In conclusion, medical students who participated in the HEP valued and benefited from an observership experience. Following observerships, students expressed a better understanding of the interdisciplinary team, the experiences and barriers faced by marginalized populations seeking health services, as well as the social determinants of health. Additionally, the program may have helped some students to refine their career choices. Due to the overwhelmingly positive feedback for the HEP and the potential benefits of engaging in clinical experiences in the first two years of a medical education, we will seek to secure more opportunities to observe in similar settings and more frequent visits for students.