



Self-Discovery in Outpatient Clinical Practice

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“There are moments which mark your life. Moments when you realize time is divided into two parts—before this, and after this.”
–Unknown

Looking back, I can see that my initiation into medicine has been a profound, transformative experience that shaped me into the person that I was meant to become. It began most poignantly after becoming Assistant Head Coordinator of Montclair Clinic, one of Western University of Health Sciences student-run free clinics situated next to Pomona, an area of stark poverty. I didn’t realize at the time that accepting this position would alter the course of my medical education by challenging me to not stand idly by when it comes to health care disparities.

When I started school in 2014, I had some vague notions on how I wanted to make a tangible difference in the lives of my patients. I had previously been exposed to the social issues that factor into medicine while living and working in San Diego, where free clinics near the border of Mexico revealed the clinical manifestations of neglect. For instance, untreated diabetes in this community, a direct result of poverty and a lack of access to care, led to patients suffering from irreversible blindness and even bilateral limb amputations from undetected diabetic foot ulcers. I myself read denial letters sent to these patients on behalf of pharmaceutical companies, outlining their refusal to provide life-sustaining medications that could prevent these complications. These scenarios became all too familiar and seemed to repeat themselves. I hoped once I became a medical student, I would somehow be able to have a greater degree of involvement in the lives of my patients and prevent these adverse outcomes.

My opportunity came with Montclair Clinic. Here, students dedicate their evenings to serving low-income patients who rely on the clinic as their sole source of healthcare. At the clinic, medical students have the chance to step outside the confines of the classroom and act with almost complete autonomy in regards to patient care. Within the clinic walls, the algorithm taught to us in school on how to direct our patient encounters does not need to be strictly adhered to—instead, we learn to be our own leaders, thinkers, problem-

solvers, and most importantly, listeners who reassure patients that they are being heard and acknowledged. We become exposed to what it means to treat patients not just clinically, but compassionately, and with a greater degree of human understanding.

Yet, time at the clinic also exposes us to our frustrating limitations as healthcare providers, even when we have our patients’ best interests at heart. Seeing the same patients routinely gave me greater insight into their personal lives and the challenges that they face. In an attempt to try and help, I found myself making promises I wasn’t sure I could keep. When I discovered that one of my patients was sleeping in his car, I felt certain I could help him secure low-income housing. I called over ten different communities in Pomona and the surrounding areas, only to find that the shortest waiting list was seven years long. In another case, I visited the social security office on behalf of one of our disabled patients in order to address his disability denial, and was informed that I was a day too late—his 60-day window to appeal the court’s decision had passed. He would need to reapply and navigate through the court system once more. It was disheartening to discover that I could not always find the ideal solution, or even a simply passable solution, to every patient problem.

What resonates with me most from these experiences is the magnitude of the obstacles that low-income patients face, how those obstacles contribute to many of the chronic health issues we see in the clinic, and the challenges we can expect to contend with as future physicians. It has become clear to me that while we may be aware that social issues can impact our patients’ well-being, awareness is not enough—we need to strive to connect our patients to community-based resources to address these discrepancies as part of the standard of care. Otherwise, we cannot truly care for our patients the way we intended when we took our oath upon induction into medical school.

Though these experiences may highlight potential limitations we will have as future physicians, they also underscore the importance of student-run free clinics like Montclair Clinic—not just for our patients, but for medical

students as well. They have taught us what it means to truly advocate on behalf of your patient and remind us what is important in medicine. When we are able to implement these patient-centered approaches to care, we are rewarded with positive patient outcomes. In one notable case, a patient who relies on Montclair Clinic for her health maintenance was found to have a hard, fixed mass on her lower extremity by one of our student physicians, which was later identified as cancer. Due to its early stage, she was able to have it resected without complications after we made the proper referral. This experience and others like it reiterate the importance of what we do at free clinics. At the end of the day, even if our patients' lives are in a state of uncertainty and constant flux due to limited income, they have the reassurance of receiving care at our clinic consistently. This kind of diversity in clinical exposure has taught us important lessons that cannot be replicated elsewhere, and will serve us well as physicians no matter where we go.

From exposing me to some of the social co-morbidities our patients face, to the critical role student-run free clinics play in the setting of lower socioeconomic status, Montclair Clinic has served to divide my time into before my role as Assistant Head Coordinator, and after. My only option now is to continue supporting my patients in the greatest capacity that I am able, even if it is not always straightforward.