

National Center for Medical Education, Development and Research

**Communities of Practice Quarterly Webinar:
Transforming Medical Education for Vulnerable Populations
Focus: LGBTQ and the impact of social media on patient care.
November 29, 2017**



Reminders....

- Please mute your microphone.
- The webinar is being recorded.
- We will address questions during the Q&A section.
- Thank you for joining the webinar.



Utilizing social media to transform medical education and clinical practice



Instagram



Snapchat



Learning Objectives

- At the conclusion of this webinar participants will be able to:
 1. Identify 3 ways that social media can impact patient-centered care and clinical operations;
 2. Practice patient interviewing/questioning that builds trust and trustable information;
 3. Perform a patient-centered sexual history using an electronic medical record;
 4. Identify 2-3 strategies that can be used via social media to transform medical education and clinical practice; and
 5. Understand the importance of [Culturally and Linguistically Appropriate Services \(CLAS\) in Health and Health Care.](#)

About Your Speakers

- **Katherine Y. Brown, EdD, OTR/L**
 - Director, Communities of Practice, Department of Family and Community Medicine, Meharry Medical College
- **Chelsea Unruh, MD,**
 - Board Certified Family Medicine Physician at Yelm Family Medicine
- **Jamie Allen**
 - Greater Than AIDS Ambassador
- **Abraham Johnson**
 - Greater than AIDS Ambassador
- **Robbyn Kistler**
 - Consultant for Greater Than AIDS
- **Barbara DiPietro**
 - Senior Policy Director, National Health Care for the Homeless Council and Health Care for the Homeless of Maryland
- **Laura Beauchamps, MD**
 - Assistant Professor, Division Of Infectious Diseases, University of Mississippi Medical Center.
- **Paul Juarez, PhD**
 - Director, National Center for Medical Education, Development and Research

Katherine Y. Brown, EdD, OTR/L

Home: Chicago, Illinois. Resides in Nashville, TN

Job Title: Director, Communities of Practice

Organization: Meharry Medical College. Department of Family and Community Medicine

Experience: Dr. Brown has presented nationally and internationally on cardiopulmonary resuscitation, chronic diseases, health disparities, leadership and innovative strategies including faith based health initiatives to address health disparities. She has developed curriculum and workshops around the importance of working with vulnerable populations. A graduate of Purdue University, she has lectured at prestigious academic institutions nationwide including Johns Hopkins University and Vanderbilt University School of Medicine.

Passion: She is a National CPR Ambassador. Using her expertise and national network, she founded Roberta Baines Wheeler Pulmonary Hypertension Awareness Group in honor of Ms. Roberta Baines-Wheeler, her late mother, to increase awareness of pulmonary hypertension. The nonprofit has developed a program, KYB Leadership Academy, to expose high school students to leadership development, educating them on pulmonary hypertension, and careers in healthcare.



Who are we?

- National Center for Medical Education, Development and Research
 - Housed in the Department of Family And Community Medicine at Meharry Medical College
- Transforming Medical Education
 - Vulnerable Populations
 - LGBTQ Persons, Homeless Persons, Migrant Farm Workers

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP30348, entitled academic Units for Primary Care Training and Enhancement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



Specific Aims of the National Center

- To link with other national partners to highlight system-level research of evidence-based interventions that will inform primary care training.
- To disseminate best practices and resources to primary care providers and trainees to improve clinical outcomes to transform training and clinical practice.
- To establish communities of practices that will promote the wide-spread enhancements of medical education for a primary care workforce that will produce better health outcomes for vulnerable populations.

What are Communities of Practice?

Definition: A group of people who share a concern or a passion for something they do, and learn how to do it better as they interact regularly (Wenger, McDermott, & Synder)

Principles and Practices of Communities of Practice

- Knowledge generation
- Knowledge transfer
- Innovation
- Integration
- System Change
- Transformation
- Sustainability

Principles and Practices of CoPs

Research

- Building evidence-based information that drives curriculum development in medical education to address the needs of vulnerable populations.
- Disseminate information regarding best practices and resources to primary care providers and trainees.
- Improve health equity through clinical outcomes documented among vulnerable populations.

Why establish communities of practice?

- There are several types of communities of practice (mentors, researchers, etc.)
- Promote better health outcomes for vulnerable populations.
- Establish diverse groups of like minded individuals.
- Share and generate knowledge from observation and experience from a cultural lens.
- Strengthen communication and relationships among collaborators and partners that possess different knowledge while addressing a wide variety of needs specific to LGBTQ Persons, Homeless Persons, and Migrant Farm Workers.

Target Audience

- Academic medicine professionals
- National Service Organizations for Vulnerable Populations
- Primary care providers and health insurance plan executives
- Public health providers
- Public officials and policy analysts
- The lay community
- Community Leaders
- Faculty
- Patients

The Impact of Social Media on Patient-Centered Care

Here's what we have heard from members of our Community of Practice:

- Patients use social media prior to going to medical providers.
- Misinformation from social media can influence patient interactions with providers.
- When patients post negative comments about providers it may influence how other pts choose to follow up for treatment with that provider.
- Patients who don't feel comfortable coming to providers may utilize social media to self diagnose themselves.

Today we will discuss:

- Resources available to work with vulnerable populations.
- Ways medical professionals can share accurate information via social media.
- Sharing databases of trusted sites with medical professionals to streamline where they post and retrieve information.

Benefits of Social Media

- Knowledge Sharing
- Stay connected (#NCMEDR_Meharry)
- Share mutual messages
- Reduced Time/Cost
- Constant Knowledge generation
- Dialogue between stakeholders and content experts
- Connect with a diverse audience nationwide



Chelsea Unruh, MD

Home: Yelm, Washington

Job Title: Family Medicine Physician

Organization: Yelm Family Medicine

Experience: Dr. Unruh is a gender-queer board certified family medicine physician practicing in a semi-rural clinic in Yelm, Washington at Yelm Family Medicine. During residency in Olympia, Washington, Dr. Unruh started the Lilly Clinic, a transgender medicine specialty clinic at the residency program. The Lilly Clinic, was developed in response to an observed need in the community. Dr. Unruh attended medical school in Poland where there was little to no LGBT+ education provided. Upon entering residency, Dr. Unruh volunteered to give CME presentations to other providers with the goal to educate staff in competent care, raise awareness of LGBTQ needs in the medical community, and strive to make the hospital and clinic a safer place for LGBTQ patients.

Passion: Dr. Unruh is President-elect of the Thurston Mason County Medical Society and an active member of the Washington Academy of Family Physicians, Washington State Medical Association, American Academy of Family Physicians, and the Gay and Lesbian Medical Association.



Ideal Clinic



Ideal Clinic

- Any specialty office
- Intentional Space
 - Waiting rooms, reception, clinic rooms
- Inclusive People
 - Front desk, nursing staff, providers
- Patient Centered Paperwork
 - Open ended intake forms, Competent EHR
- Open to and inviting patient feedback

Building trust: the Patient - Provider relationship

“The good physician treats the disease; the great physician treats the patient who has the disease.”

-Sir William Osler (1849-1919)

Building trust: the Patient - Provider relationship



- Ask questions, be engaged, listen!
- Normalize and validate
 - introduce yourself with pronouns
 - ask questions in normal tone
- Ask gender neutral and open ended questions
 - Make no assumptions about orientation, gender, partner(s), or sexual activities.
- Recognize your own bias and privilege

Pronouns and Parts: SOGI data and Sexual History

When to take sexual history?

- Every new adolescent and adult patient
- Annual exam (yes, every year)
- Problem pertinent visits

Use patient-centered language, avoiding medicalized terms and/or jargon.

Pronouns and Parts: SOGI data and Sexual History

- Setting the stage - confidentiality, quality of care
- Gender Identity and pronouns - ask/verify
- Sexual Orientation - ask/verify
- CDC's 5 P's
 - Partners
 - Practices
 - Protection from STI
 - Past History of STI
 - Pregnancy
- 6th P?



Abraham Johnson

Home: Originally from Albany, Georgia

Job Title: Greater than AIDS Ambassador

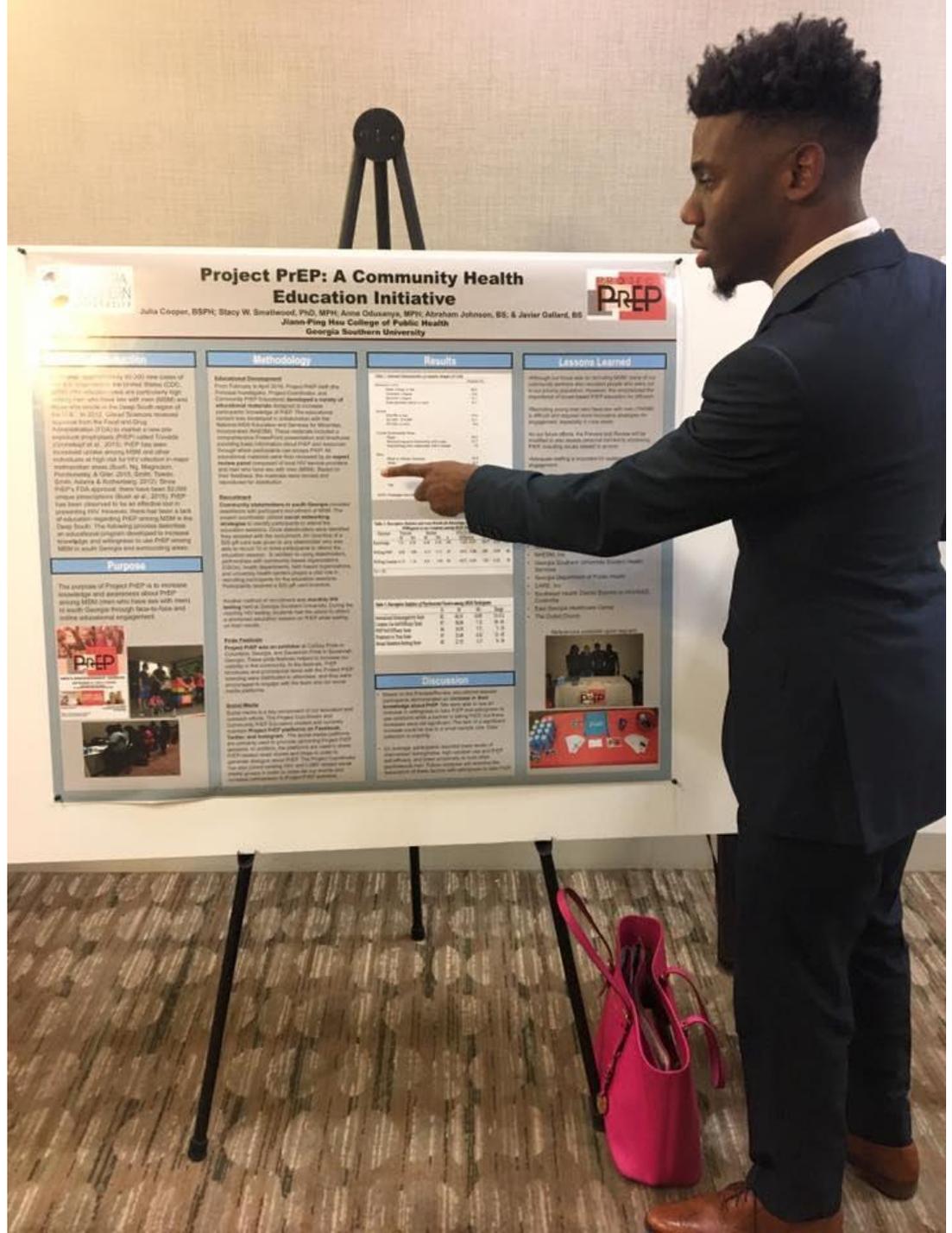
Organization: Greater than AIDS

Experience: Abraham is a graduate of Savannah State University. Abraham is currently completing his Master of Public Health at Georgia Southern University in Statesboro, Georgia. Abraham has been living with HIV since 2011.

Passion: He has been a Greater than AIDS Ambassador for 4 years, and he recently appeared in the We Are Family campaign, addressing the importance of supporting people living with HIV.



Abraham



Project PrEP: A Community Health Education Initiative
 Julia Cooper, BSN; Stacy W. Swalesky, PhD, MPH; Anna Glatensky, MPH; Abraham Johnson, BS; & Javier Gallard, BS
 Jiann-Ping Hsu College of Public Health
 Georgia Southern University

Introduction
 Community awareness of HIV risk reduction strategies is low. PrEP (Pre-Exposure Prophylaxis) is a highly effective method of HIV prevention. However, PrEP use is low, particularly among African American men who have sex with men (AAMSWM) and African American women who have sex with men (AAWSWM). The purpose of this study was to evaluate the effectiveness of a community health education intervention in increasing PrEP use among AAMSWM and AAWSWM.

Purpose
 The purpose of Project PrEP is to increase knowledge and awareness about PrEP among MSM men who have sex with men (MSM) in South Georgia through face-to-face and online educational engagement.

Methodology
Educational Development
 From February to April 2016, Project PrEP staff developed educational materials including brochures, posters, and a community health education intervention. The intervention was developed in collaboration with the National HIV Education and Services for Women, Adolescent, and Youth (NESAWY) program. The intervention was developed in collaboration with the National HIV Education and Services for Women, Adolescent, and Youth (NESAWY) program. The intervention was developed in collaboration with the National HIV Education and Services for Women, Adolescent, and Youth (NESAWY) program.

Results
 The intervention was evaluated using a pre-test/post-test design. The results showed that the intervention was effective in increasing PrEP use among AAMSWM and AAWSWM. The results showed that the intervention was effective in increasing PrEP use among AAMSWM and AAWSWM.

Lessons Learned
 Although PrEP use is increasing, there is still a need for community health education interventions that are tailored to the needs of AAMSWM and AAWSWM. The intervention was effective in increasing PrEP use among AAMSWM and AAWSWM. The intervention was effective in increasing PrEP use among AAMSWM and AAWSWM.

Discussion
 The results of this study suggest that community health education interventions can be effective in increasing PrEP use among AAMSWM and AAWSWM. The results of this study suggest that community health education interventions can be effective in increasing PrEP use among AAMSWM and AAWSWM.

**Personal Experiences
Engaging in Care as a
Black Gay Man**

Jaime Allen



Home: From Brooklyn NYC. Resides in Atlanta, GA

Job Title: Project Coordinator

Organization: Recovery Consultants of Atlanta

Experience: Jaime is a graduate of Savannah State University. He currently serves as a Project Coordinator at Recovery Consultants of Atlanta where he oversees a project committed to serving young adults and educating them about HIV, Hepatitis C, Substance Abuse and navigation around PrEP.

Passion: Jamie has been an ambassador with Greater Than AIDS for the past 3 years and enjoys sharing his personal experiences about PrEP.





Jamie W Allen was live.

August 26, 2016 · 🌐

Checking in on Day #3 with #PreP

WEAIDS Greater Than AIDS
Sponsored · 🌐

Did you know there's a pill to prevent HIV?

Let's Talk About PrEP in Georgia!
greaterthan.org [Learn More](#)

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👍 Like 🗨️ Comment 🔄 Share



**Personal Experiences
Engaging in Care as a
Black Gay Man**

Robbyn Kistler

Home: Pennsylvania

Job Title: Consultant

Organization: Greater Than ADIS

Experience: Robbyn grew up in rural Pennsylvania and comes from a line of 5 generations of doctors. Currently, her sister, father, uncle and 2 cousins are all practicing MDs. Avoiding her family's legacy, Robbyn obtained her bachelor's in Russian Studies at Oberlin College. After a decade of international grant making, Robbyn joined the Kaiser Family Foundation as a consultant for the Greater Than AIDS initiative a decade ago and has been focused on HIV and media partnerships in the United States ever since.

Passion: She has a passion for changing the course of the epidemic, especially among young gay men of color in the South.





SPEAKOUT[®]
**IT STARTS WITH
A CONVERSATION**
#SpeakOutHIV



Post
hookup
worries?



What
does it
mean to be
“undetectable?”



#AskTheHIVDoc

GreaterThanAIDS | YouTube



Is
PrEP
right
for me?



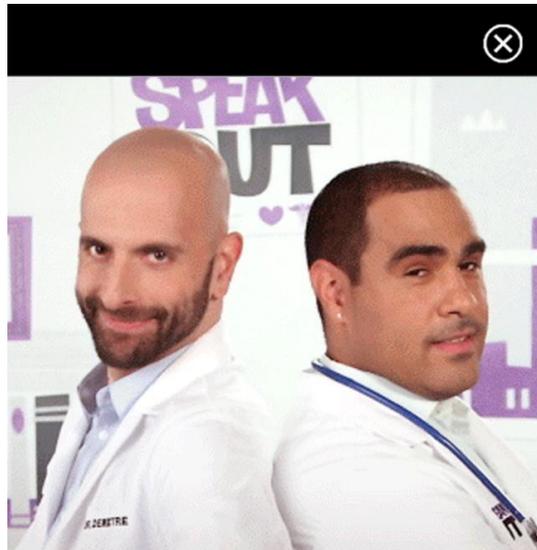
New YouTube Series
WATCH NOW.

WE
AIDS



#AskTheHIVDoc

New YouTube Series | WATCH NOW.



#AskTheHIVDoc



Greater Than AIDS

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"I hooked up with someone and we didn't use protection, what should I do now?"



Post Hook-Up Worries?

PEP is an emergency option to redu

[Learn More](#)

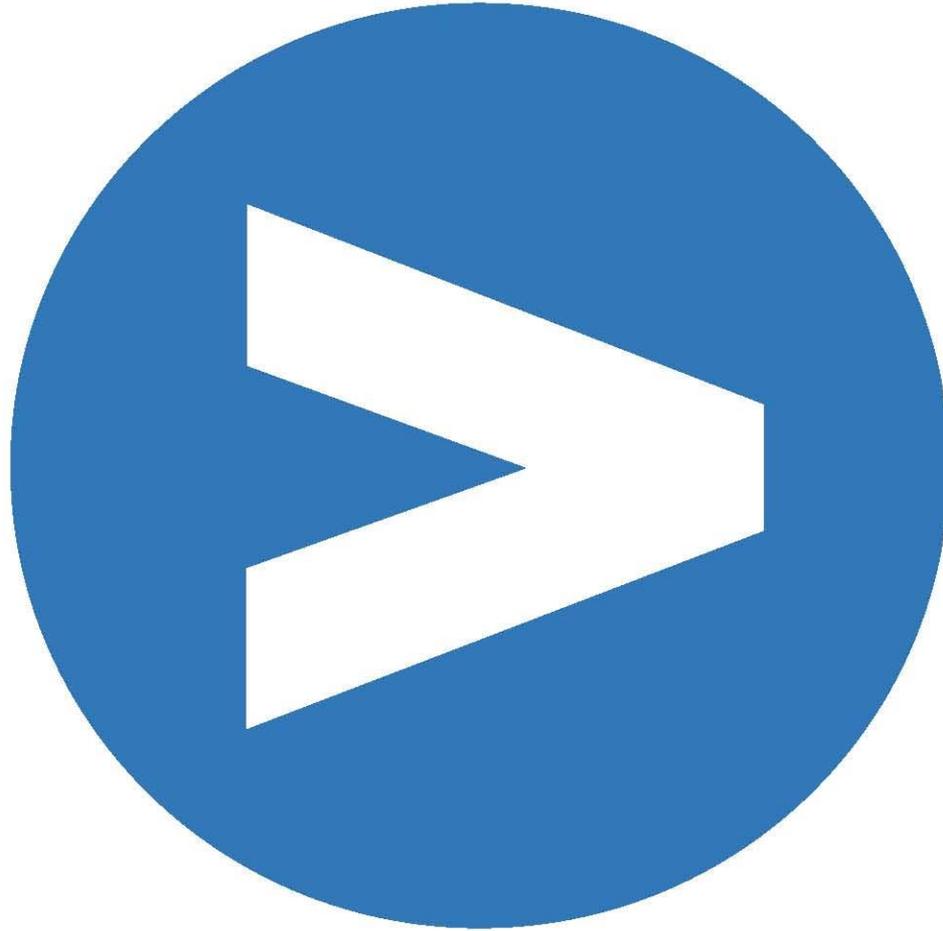
👍❤️😲 242

20 Comments 55 Shares

👍 Like

💬 Comment

➦ Share



Barbara DiPietro, PhD

Home: Baltimore, Maryland

Job Title: Senior Policy Director for two organizations

Organization: National Health Care for the Homeless Council and for Health Care for the Homeless of Maryland.

Experience: Dr. DiPietro has been working in public policy for 15 years, many of them specifically focused on health care and homelessness. She holds a Master's Degree in Policy Sciences and a Doctorate in Public Policy, both from the University of Maryland, Baltimore County. For 10 years, she worked for the State of Maryland in the Governor's Office as well as the Department of Health and Mental Hygiene, helping coordinate health and human services policy and legislation, inter-agency children and family services, and the state's 10-Year Plan to End Homelessness. Barbara previously served in the U.S. Peace Corps, working to address maternal-child health issues in Malawi, a small country in southeast Africa. At this time, she is Senior Policy Director for two organizations—for the National Health Care for the Homeless Council and for Health Care for the Homeless of Maryland. In these dual roles, she is able to focus on national, state and local health policy, with a specific aim to ensure the implementation of the Affordable Care Act accommodates the unique needs of homeless populations.

Passion: Her dissertation research focused on the impact of homelessness on emergency departments in Baltimore City, and she continues to work to ensure that health care systems can better serve vulnerable populations.



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IMPROVING MEDICAL PRACTICE: THE ROLE OF SOCIAL MEDIA

Barbara DiPietro
Senior Director of Policy

November 29, 2017

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@BarbaraDiPietro
@NatIHCHCouncil

THE MANY ROLES OF SOCIAL MEDIA

- Share information
- Communicate points of view
- Raise issues
- Ask questions
- Tell personal stories
- Advocate for change
- Find resources (services, jobs, health care, etc.)
- Connect with friends & family—and providers



IMPROVING PRACTICE

- **Follow & engage** in conversations about health
 - Organizations (think tanks, advocacy, service, professional, K-12/higher education, etc.)
 - Consumer groups
 - Health leaders (political, policy, research, publications, etc.)
- **Watch** for themes and trends in care
- **Raise** issues with clients during visits
- **Integrate** service and advocacy
- **Articulate** the value of good care



GREAT EXAMPLE OF SOCIAL MEDIA



The image shows a screenshot of the Twitter profile for 'Invisible People'. The profile picture is a circular logo with the letters 'IP' in white on a dark red background. The header image features a close-up of three people's faces: a woman on the left, a woman in the center, and a young girl on the right who is smiling. Below the header, the profile statistics are displayed: 28.9K Tweets, 43.9K Following, 45.8K Followers, 50 Likes, and 4 Lists. The bio states: 'changing the story of homelessness :: founded by @haRdLyNOrMal : Support our work: invisiblepeople.tv/donate patreon.com/invisiblepeople'. A pinned tweet from August 29 asks for support on Patreon. Below the tweet is a photo of a man with a beard and a cap holding a red sign that reads 'HELP SUPPORT INVISIBLE PEOPLE FOR AS LITTLE AS'.

Invisible People ✓
@invisiblepeople

: changing the story of homelessness ::
founded by @haRdLyNOrMal : Support
our work: invisiblepeople.tv/donate
patreon.com/invisiblepeople

<https://www.youtube.com/invisiblepeople>

invisiblepeople.tv

Joined October 2008

Tweets **Tweets & replies** **Media**

📌 Pinned Tweet

Invisible People ✓ @invisiblepeople · Aug 29
Please help support @InvisiblePeople on @Patreon. Without your help, our important work stops patreon.com/invisiblepeople



STORYTELLING: TWO RESOURCES

- **National HCH Council:** Guide with practical advice for individuals seeking to relate their experience of homelessness
→ <https://www.nhchc.org/wp-content/uploads/2017/08/nhchc-storytelling-guide-may-2017.pdf>
- **Youth Guide:** Strategic Sharing Workbook: Youth Voice in Advocacy
→ <https://www.pathwaysrtc.pdx.edu/pdf/pbStrategicSharingGuide.pdf>

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Barbara DiPietro, Ph.D.

Senior Director of Policy

bdipietro@nhchc.org

www.nhchc.org



@BarbaraDiPietro and @ NatIHCHCouncil

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Laura Beauchamps, MD



Home: Jackson, Mississippi

Job Title: Assistant Professor, Division Of Infectious Diseases

Organization: University of Mississippi Medical Center

Experience: Dr. Beauchamps is a Board Certified Infectious Disease specialist who provides HIV prevention and treatments services in the Jackson metro area. She works in several research studies involving Young Black Men who have sex with men and implementation of Pre-exposure prophylaxis (PrEP) for HIV. She also provides transgender healthcare and LGBTQI community. Her division runs the state's largest HIV clinic. The division also cultivates a robust research infrastructure in HIV and sexually transmitted infections, developing our understanding of HIV/STD infection and prevention in underrepresented populations. As an infectious diseases clinician she also delivers public health service with the Mississippi State Department of Health in HIV/STD care.

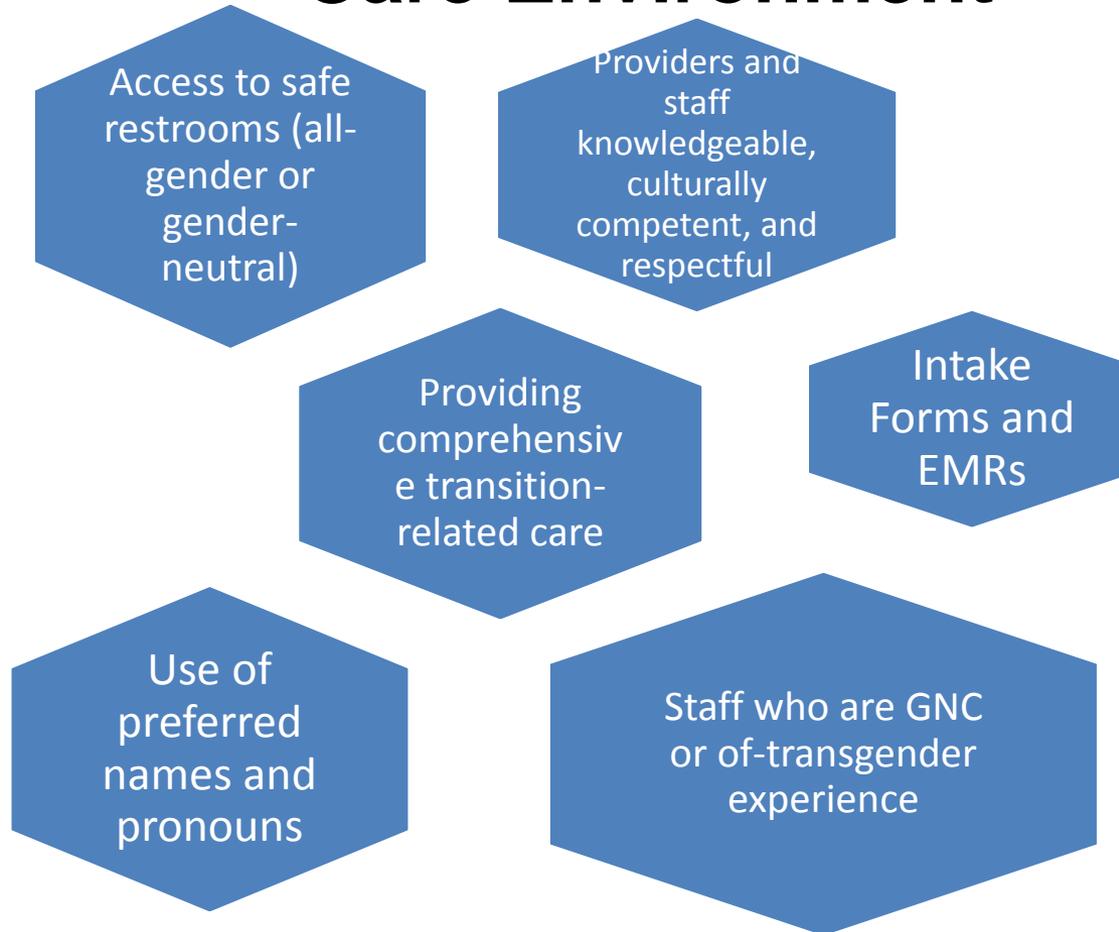
Passion: Curriculum development and medical education for vulnerable populations (LGBTQ, Homeless, and Migrant Farm Workers).



Health care staff competency on transgender issues

- TG friendly practice environment
- Unisex restrooms
- Frequent Transgender 101 trainings for all staff including front desk personnel
- Awareness on handling depression and suicidal calls. Including knowledge of transgender suicide hotline phone number
- EHR and nickname or AKA
- Simple addition of 1-hour lecture to the standard medical school curriculum at Boston University School of Medicine increased student's willingness to treat transgender patients (Safer et al Endocrine Practice 2013)

Strategies for Creating a Gender-Affirming Care Environment



Mobile apps

- Providers should be aware of where and how MSM might be meeting their sexual partners.
- Newer varied platforms for meeting sexual partners have both facilitators and barriers to healthy sex lives.
- Providers should be familiar enough with them to converse about them.



Center Leadership

- Patricia Matthews-Juarez, PhD
 - Project Director



- Paul Juarez, PhD
 - Director, National Center for Medical Education, Development and Research



www.NCMEDR.org

- National Center for Medical Education, Development and Research
 - Vulnerable Populations
 - LGBTQ Persons, Homeless Persons, Migrant Farm Workers
 - Transforming Medical Education
- Investigators/Faculty:
 - *Patricia Matthews Juarez, PhD, Project Director*
 - *Paul D. Juarez, PhD, Director of National Center of Medical Education, Development and Research*
 - *Katherine Y. Brown, EdD, Director, Communities of Practice*
 - *Lyle Cooper, PhD, Research Investigator*
 - *Matthew Morris, PhD, Research Investigator*
 - *Wansoo Im, PhD, Director of Dissemination Core*
 - *Aramandla Ramesh, PhD, Senior Research Scientist*
 - *Mohammad Tabatabai, PhD, Epidemiologist and Statistician*
 - *Tiffany Zellars, RN, Dissemination Translator*
- Consultants:
 - *Tom Arcury, PhD, Anthropologist, Wake Forest University*
 - *Leandro Mena, MD, HIV/Infectious Disease, Population Health, University of Mississippi Medical Center*
 - *Beth Shinn, PhD, Community Psychologist, Vanderbilt University*
- Research Assistants:
 - *Michael Paul, MSSc*
 - *Julia Watson, MSPH*
- Librarian:
 - *Ms. Brenda Green, MLS, Associate VP/Library Director*



Community of Practice Discussion

- How can we utilize social media to transform medical education and clinical practice?

Thank You

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH1HP30348, entitled academic Units for Primary Care Training and Enhancement. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

