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Authors

HAQ, CYNTHIA

GROSCH, MICHELLE

CARUFEL-WERT, DONALD

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Leadership Opportunities with Communities, the Medically Underserved, and Special Populations (LOCUS)

CYNTHIA HAQ, MD, MICHELLE GROSCH, MA, AND
DONALD CARUFEL-WERT, MD, UNIVERSITY OF
WISCONSIN MEDICAL SCHOOL

Objectives: The Leadership Opportunities with Communities, the Underserved, and Special Populations (LOCUS) Program aims to improve medical students' leadership knowledge and skills, to improve self-awareness and motivation for community service, and to provide models for students to integrate community service into their medical careers.

Description: The LOCUS program was established as a longitudinal, extracurricular student opportunity at the University of Wisconsin Medical School in the fall of 1998. Up to 15 new students each year are selected for the program through an application and interview process during their first or second year of medical school. Students remain in the program from acceptance until graduation from medical school. Nearly 50 students have enrolled in the program to date. LOCUS fellows are matched with a physician mentor, participate in core curriculum activities, and complete a longitudinal community service project. Mentors are community generalist physicians who have integrated community service into their own careers. Students participate in their mentors' clinical practices one afternoon a month during the first two years, and mentors serve as role models and provide guidance for students' projects and career development. The program administration and staff are supported through federal predoctoral training and Area Health Education Centers (AHEC) grants. The LOCUS core curriculum is delivered through a series of retreats, workshops, and seminars that emphasize active learning methods and include approximately 20 hours of scheduled activities per academic year. The curriculum addresses concepts of leadership in relation

to one's self and in relation to others. Students are introduced to methods of self-reflection and develop their own vision and mission statements. Students also discuss the importance of compassion, self-care, striving for balance, avoiding burnout, and being realistic about what they can accomplish. Students practice strategies for working with teams, organizing meetings, working with media, taking political action, and resolving conflicts. They acquire community health skills such as assessing the health needs of a defined population; engaging community members' participation in health program development; and selecting priorities, designing interventions, and measuring the progress of community health care. Working in small teams, LOCUS fellows apply and refine their leadership skills through design and completion of a community health service project. Students can design their own projects or work on projects designed by community partners. The projects have addressed a variety of community health needs, such as parenting support for teen mothers, teaching health education for residents of group homes, and providing free sports physical exams for uninsured youth.

Discussion: This pilot program demonstrates that motivated students can develop leadership skills and address unmet community health needs while they progress through medical school. LOCUS students, staff, and physicians provide a social network that includes opportunities, encouragement, reflection, and problem solving. Student and mentor satisfaction with the program has been high. Future challenges include securing long-term funding, refining the core curriculum, assessing the impact of the program on participants, and improving the quality of projects through community partnerships. LOCUS strives to kindle the fires of altruism and community service so they are not extinguished as students progress through medical training.

Inquiries: Cynthia Haq, MD, University of Wisconsin Medical School, Department of Family Medicine, 777 South Mills Street, Madison, WI 53715; e-mail: <chaq@fammed.wisc.edu>.

■ RESIDENCY PROGRAMS CURRICULUM

Ambulatory Rounds: A Venue for Evidence-based Medicine

PHILIP O. OZUAH, MD, MSED, JESSICA ORBE, MD, AND
IMAN SHARIF, MD, MPH, ALBERT EINSTEIN COLLEGE OF
MEDICINE

Objective: The format of inpatient morning reports and ward rounds is infrequently applied in ambulatory medical

education. Published reports, however, suggest that this format provides for learner-centered, case-based discussions rather than topic-based lectures in the ambulatory setting.¹ We developed an ambulatory morning report with the specific objective of enhancing evidence-based medical inquiry among our pediatrics housestaff.

Description: We developed a pediatric encounter form (PEF) by adapting and modifying an instrument described by Paccione et al.² The PEF was to be used by residents to