

Student experiences in homelessness and inclusion health

I am sitting in the corner of a dimly-lit supply cupboard. I am a medical student shadowing an outreach clinic, in a support centre for those who are living on the streets. In contrast to my GP placement in the affluent West End of Edinburgh, there is a significant lack of space, privacy, and equipment. None of the patients we meet have secure housing, many are passing through the city as part of complex journeys, and all are trying to make the most of this one-time encounter. This is what healthcare access looks like outside of the mainstream.

Inclusion health refers to the health of groups who are socially excluded, experience stigma or discrimination, and have multiple risk factors for poverty. Among these are people experiencing homelessness, migrant populations, ex-prisoners, and sex workers.¹ In these populations one finds some of the worst health outcomes relating to mortality, morbidity, service use, and, more recently, COVID-19 outcomes.²⁻⁴ Despite this, medical education in inclusion health is limited.^{5,6} Students often lack real-life experience and have few or no interactions with these groups, so intergenerational stereotypes and stigma are carried forward.⁶ This begs the question, how can the doctors of tomorrow improve these outcomes if they are bound by the same shortcomings as their predecessors?

OUR INITIATIVE

Last year, in 2020, myself and other students from Edinburgh Medical School came together to develop a 'social impact project' around healthcare provision for marginalised members of our community. This started to take shape as the development of a volunteer programme for medical students in the area of homelessness and inclusion health.

Our aim was to strengthen existing services and third sector organisations working in these fields, while increasing awareness, exposure, and experience among future

doctors. We began by volunteering, 'trialling' shifts in night shelters and outreach buses (as well as supply cupboards). Here we learnt how healthcare workers can best support those who are particularly vulnerable, and connected with people from different walks of life. During our volunteering, we saw how experiential learning could help us grow as people and clinicians, and how effectively it can address the limitations in education.

During the COVID-19 pandemic, in collaboration with the Edinburgh Access Practice (EAP), we recruited student volunteers for the first time. Students assisted with administration at the practice, which provides care to those experiencing homelessness and other vulnerable groups, by delivering prescriptions and methadone to support those in self-isolation.

Growing interest in our project has led to the founding of the Homelessness and Inclusion Health Society (HIHS), that now has an enthusiastic 14-person committee. Our goal is to be active over the long term and to have a sustained impact. To attain this vision, we have worked to increase inclusion health teaching across the clinical curriculum, hosted advocacy events, and ran social media campaigns. More recently, we organised our first international student conference and worked with the EAP in providing outreach COVID-19 vaccination services.

ADVOCATES FOR THE VULNERABLE

Justice in health care means including the needs of those who are marginalised from mainstream services. In setting up the HIHS we have realised the importance of our role as advocates for vulnerable groups, witnessing first-hand the impact of poor funding of services on patients, as well as learning how healthcare institutions can both hinder or encourage a change in attitude.

From a simple idea and the desire to play our part, we have worked to bridge the gap between our student body and the

community, promote a neglected aspect of health education, and address health inequities close to home. This is in no small part thanks to the support and guidance of the Centre for Homelessness and Inclusion Health, the EAP, the University of Edinburgh Medical School, and several incredible third sector organisations.

Our ambition is that other students and medical schools will follow the HIHS model, identify local inequalities, and create opportunities to address them. By becoming advocates and professionals able to better care for all members of our society, we can play our part in shaping our communities to be truly inclusive.

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