

Conversations and Collaborations:

REFLECTIONS ON MY SUMMER LEARNING EXPERIENCE WITH EMERGENCY MEDICINE AND PUBLIC HEALTH FACULTY AND OBSERVATIONS IN THE BMC ED

Colbey Ricklefs, MPH

At a superficial glance, it would seem that public health and clinical systems are at odds. Public health focuses on the population while clinical medicine focuses on individuals; public health systems adopt an “upstream” preventive approach, while clinical medicine systems exist “downstream” as curative systems. However, as Dr. Edward Bernstein would argue, health is dependent upon these two systems collaborating to promote a continuum of exceptional care both at the individual- and population-level.

During the summer 2015, Dr. Bernstein taught a course through the School of Public Health entitled SB808 – Merging Clinical & Population-Based Perspectives in Public Health Practice: Tension & Resolution. With his role as a professor at both Boston University School of Public Health and School of Medicine, in addition to serving as an Attending Physician at the BMC Emergency Department, no one better than Dr. Bernstein knows how to accomplish this harmonious marriage between the two disciplines.

Meeting twice per week from May to June, the course is equally intensive and informative. I signed up for the course as pre-medical student that had already obtained my Master's degree in Public Health, looking for ways to translate the

public health advocacy into clinical medicine. With some phenomenal guest speakers from BMC ED and beyond, we delved into contentious topics that have drastic real-world consequences.

In one of our first sessions, we learned how to interview patients through Brief Motivational Interviewing, a practice that has proven effective during Emergency Department visits at BMC. From a training video featuring Dr. Bernstein himself, the class engaged in collaborative strategies to address intrinsic motivation for destructive behaviors, ensuring that we maintain the patient's autonomy. With this new skill in our toolbox, we individually shadowed Dr. Bernstein in the BMC Emergency Department and tested the strategy ourselves.

And it worked wonderfully. I interacted with an individual that had several concurrent addictions, but had presented to the ED while high on heroin. We asked him what he liked about the drug, and he responded with the expected response that it takes his pain away. We then asked him what he did not like about the drug, and in a moment of clarity, he shared that his addiction had distanced him from his family and made him feel more isolated. In that particular moment in his life, he was not ready to seek treatment to address his addiction, and initially refused a referral to Project ASSERT. However, we had planted the seed in his mind in an effort to resolve his ambivalence. I realized immediately that this conversation would have ended differently had we approached him with a patronizing tone, stating that “drugs are bad and you shouldn't do them!”

This experienced resonated with what we had learned in class. To discuss the opioid epidemic in the state and at BMC, we had guest lectures from Colleen Le Belle RN, CARN, Program Director BMC Office Based Opioid Treatment Program and Hilary Jacobs, , from the MA. Department of

Public Health. We learned about the necessary collaboration between public health and clinical medicine to respond to the opioid emergency: prevention, intervention, treatment, and recovery support. Each step involves both public health professionals and medical clinicians to ensure a healthy community.

In the next class, Joan Whitney from the Healthy Gloucester Coalition supported these notions and argued that compassionate care is good business for health systems. Echoing the Brief Motivational Interviewing strategy, she asserted, "You don't *give* people motivation. You tap into it."

Perhaps framing these conversations and perspectives is the most important theme from the course. During a guest lecture from Hanni Stoklosa from HEAL Trafficking, we addressed the need for trauma-informed, compassionate care at each stage of the healthcare interaction. Shifting the traditional paradigm can remarkably alter the dynamics of the interaction between the patient and the healthcare infrastructure. "Why did you do this to yourself?" should become "help me to understand why," and "what's wrong?" should become "what's happening to you today?" While seemingly subtle linguistic changes, the effects are profound at the individual-level that help to address population-level public health concerns.

It was quite the whirlwind of a semester, but encouraging to witness the successes of current public health/clinical medicine mergers at the community-, city-, and state-level. I speak for many of my classmates in stating that this course was invigorating, and we left with a call to action to seek collaboration between the disciplines.

I would like to personally thank Dr. Bernstein for his fearless leadership in pioneering this field.

I would also like to take the opportunity to formally recognize our other fantastic guest lecturers including: EM/PGH faculty Drs. Judith Bernstein (Co-Course Developer), Jon Olshaker, Gabrielle Jacquet, Thea James, Ricky Kue, Kalpana Narayan, Ryan Sullivan, Judith Linden, Elissa Perkins, Judith Bernstein and James Feldman; Project ASSERT (Ludy Young and Maria Champigny of the After Midnight and John Cromwell of the Overdose Education and Naloxone Distribution Program); the VIAP team (Kendall Bruce, Donald Osgood, Rustin Pendleton and Elizabeth Dugan; Jennifer Masdea (BU SPH BNI ART); Georgia Simpson-May, Director of Health Equity, MA DPH; the BMC Interpreter Service (Elida Acuna Martinez and Carlos Fuentes), Maureen McMahon (BMC Director of Emergency Preparedness), Rita Nieves (BPHC), Joan Whitney; Lisa Capoccia (Suicide Prevention Resource Center) and Maryann Frangules (Massachusetts Organization for Addiction Recovery). Thank you all for participating in an unforgettable semester and for illustrating a balanced merger between public health and clinical medicine.