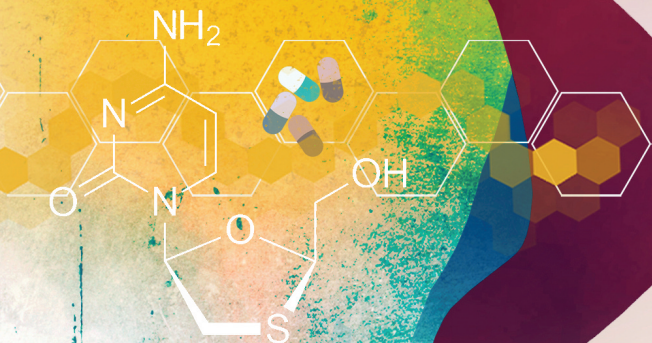
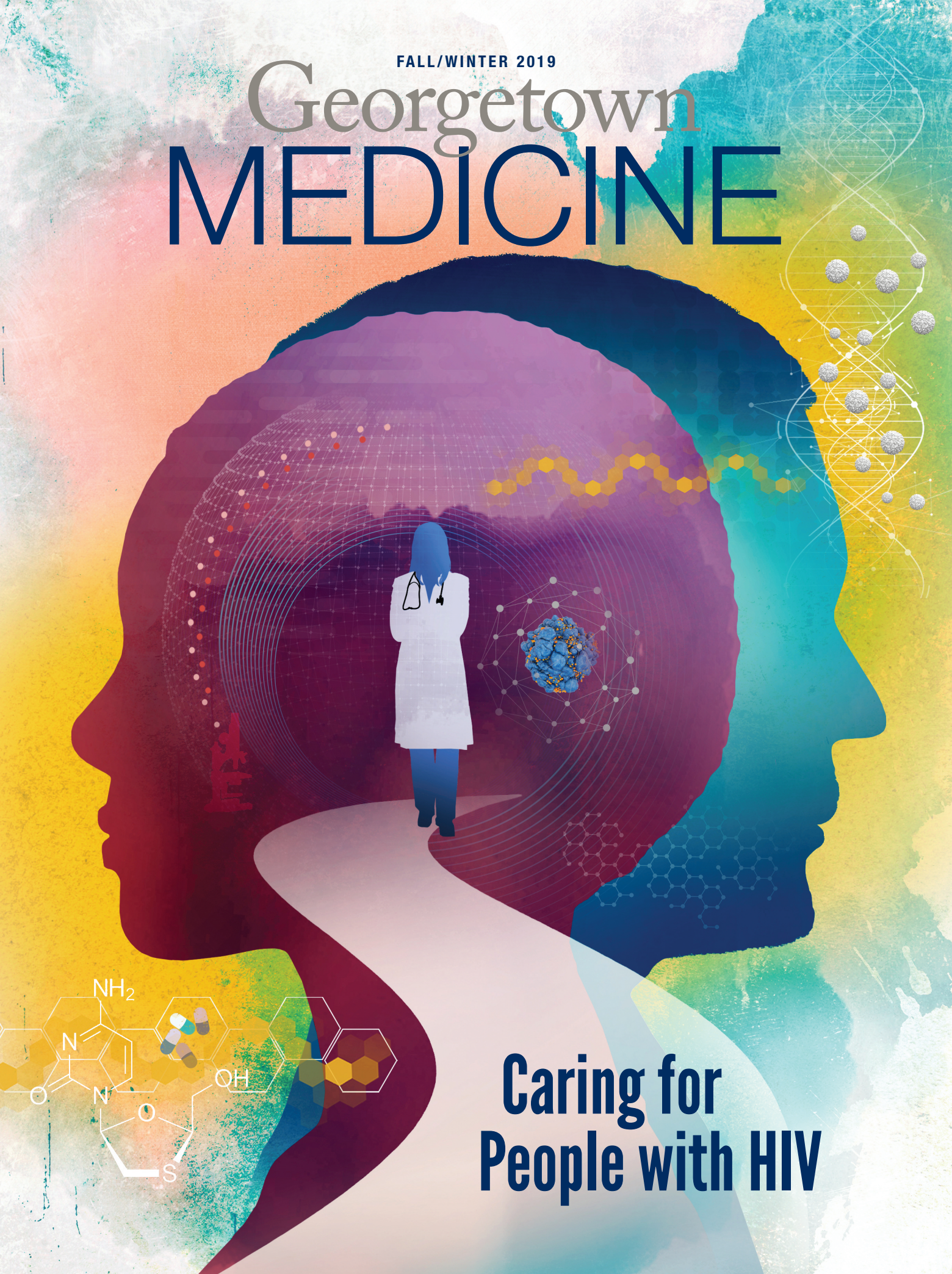


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Georgetown MEDICINE



Caring for People with HIV

HIV EDUCATION

At Georgetown, learning about HIV is a hands-on experience

By Christina Frank



Jack Pollack (M'20) volunteers regularly at the student-run Hoya Clinic.

One evening at the Hoya Clinic in 2017,

a medical student volunteer performed a rapid HIV test on a patient, and it came back positive. The volunteer clinic manager that night was Jack Pollack (M'20), a second-year med student at the time.

“I had a quick meeting with our faculty supervisors, Dr. Saulters and Dr. Quinn, and the other students on how best to share this information and make sure we had the next steps planned out as well,” says Pollack. “The supervising physicians led our team seamlessly through the process as they prepared to break the news to the patient and do the confirmatory diagnostic testing. The experience was so important in terms of preparing us to handle similar situations going forward.”

While learning about the biology and modes of HIV transmission in the classroom is invaluable, students and faculty agree that the numerous hands-on clinical experiences available to students at Georgetown are a critical part of health and medical school education, particularly when it comes to HIV.

According to the D.C. Department of Health, as of 2017, 1.9 percent of the city’s residents were living with HIV, a figure that is considered above the epidemic level. This puts Georgetown in a unique position to serve the community—a mission that aligns with the school’s Catholic, Jesuit principles of service and *cura personalis*, caring for the whole person and for every person uniquely and fully.

Learning Through Service

For over a decade, Mary Beth Levin, MPH, has led a course on service learning, offering second-year medical students the opportunity to do community outreach. Levin is an associate professor in the department of family medicine and faculty advisor for the Georgetown Medical AIDS Advocacy Network (GMAAN), founded by medical students in 2008. Under her guidance, students have volunteered on the mobile unit of the local syringe exchange, performing a number of tasks: conducting street outreach; providing patient education on HIV, viral hepatitis, overdose, and wound care; entering data; and making treatment referrals for substance use disorder. Outside of class, they’ve educated their peers and held bake sales and bottled water drives in support of the program.

In 2012, GMAAN students went to the emergency department at MedStar Georgetown University Hospital to suggest a new approach to broaden the scope of HIV testing. Within six weeks, the students had secured an annual grant from the

D.C. Department of Health that allowed them to provide rapid oral opt-out testing in the emergency department using CDC guidelines.

The grant ended in 2017, at which point GMAAN began to offer HIV and STI testing at the university's student health center. GMAAN has also partnered with One Tent Health, a community-based organization that offers free pop-up testing at local grocery and convenience stores in selected D.C. neighborhoods. One Tent was founded in 2016 by Mackenzie Copley (C'15), who got the idea during his senior year at Georgetown. Currently there are over 1,000 student volunteers from local universities including Georgetown, George Washington, Howard, and American universities, as well as the University of Maryland. Since 2017, nearly 400 people have been tested, including students and members of the community.

In Levin's six-week selective course, called "HIV: Cultural Competency and Community Activism," activism and advocacy are stressed. As a result, students have participated in rallies, made phone calls to senators, and lobbied on Capitol Hill to advocate on an assortment of HIV-related issues.

"When given the opportunity, students embrace these formative experiences that will shape them for the rest of their lives," says Levin. "We are preparing the next generation of leadership in the fight against HIV."

Rotations and Reform

Students have played a big part in making other types of clinical opportunities happen, as well as effecting change in how LGBTQ health in general (which encompasses HIV) is taught in the classroom.

Michael Plankey, PhD, professor in the division of infectious

diseases in the department of medicine, is faculty advisor to Hoya MedAlliance, Georgetown's LGBTQ and ally medical student group founded in 2008. Plankey had always wanted to set up a clinical rotation at Whitman Walker Health, the HIV and primary care clinic in D.C. that focuses on LGBTQ health. The idea didn't become a reality until 2017, when Evan Cooper (M'17), then a fourth-year year medical student and president of the Hoya MedAlliance, told Plankey he wanted to do a rotation there and asked how to make it happen.

"It felt like manna from the heavens, because I had been wanting to do this," Plankey says, "Students are quite powerful in getting what they want from their medical education."

After completing the rotation, Cooper took a proposal to the medical school's Committee on Medical Education, which resulted in the establishment of a four-week rotation offered to medical students in their fourth year. Rather than a selection by lottery, students apply for the opportunity by demonstrating their interest in LGBTQ health.

"We really want students who have a passion for this specific area of health care," Plankey says.

At around the same time as the rotation fell into place, two medical students set out to examine the entire curriculum's treatment of LGBTQ health. Tim DeVita (C'14, M'20) and Casey Bishop (M'18) combed through lecture captures and lectures given in the preclinical years to see what content existed regarding LGBTQ health and where there were gaps. Using standards and competencies set by the Association of American Medical Colleges and Vanderbilt University, they found that Georgetown's medical school curriculum completely covered seven LGBTQ health competencies, partially covered eight competencies, and did not cover the remaining 15 competencies.



Left: Founded by Georgetown undergraduates, One Tent Health brings HIV prevention to D.C. communities, offering free screening outside of grocery stores and laundromats. Right: Medical students helped establish a Georgetown rotation in LGBTQ health at D.C.'s Whitman Walker Health.





Second-year medical students in Levin's "HIV: Cultural Competency and Community Activism" course lobby on the Hill on an HIV issue of their choice.

The unmet ones tended to be in mental health and endocrinology. They set about tackling the deficiencies.

With the administration's full support, Bishop presented their work to the medical school's Council on Diversity Affairs and requested that the competencies be added to the curriculum. The methods and findings involved in the project were ultimately published in the journal *Medical Education Online* in 2018 with the title "Queering Medical Education: systematically assessing LGBTQI health competency and implementing reform."

"Georgetown has really been enlightened in terms of its LGBTQ clinical medical education," says Plankey.

Battling Stigma

Despite significant strides in HIV treatment and perception, stigma surrounding HIV is still present.

Professor Melody Wilkinson, DNP, director of the Family Nurse Practitioner Program at the School of Nursing & Health Studies, makes a point of addressing biases and stigma in her classes.

"We specifically teach the students how to have difficult conversations with patients, particularly when it comes to HIV and other STIs," she says. She does this via lectures, but also by simulating clinical situations. A student may have to take a sexual history, for example, or talk to a patient about PrEP (pre-exposure prophylaxis), or tell someone their test came up positive. "By challenging them and mentoring them as they sit in that uncomfortable space, they're learning how to navigate difficult conversations with patients."

The first step, Wilkinson says, is for students to confront their own discomfort and their own barriers and develop the tools necessary to move forward with those types of conversations.

"We all approach every encounter through our own lens and our own experience. And providers themselves may have bias that they carry into the room that can create barriers and make situations challenging. I'll still hear students, when they start to take a sexual history, assume someone is married to a member of the opposite sex. Our job is to help them pause and realize that the words they are selecting may be related to their own experience. And those words in and of themselves may carry judgment, though not intentionally."

Wilkinson believes that thinking of the whole person in this way underpins everything about a Georgetown education, and says it's one of the reasons she chose to work at the university. "In graduate nursing, we use a very holistic model. So it's never about simply walking in, providing a medical assessment and filling out forms," she says. "We want to know how the individual is feeling, and that is true not only when we talk about HIV. That's true when we talk about diabetes and hypertension and childhood illnesses.

"Georgetown attracts students who are interested in service. We are training highly skilled, evidence-based clinicians, who operate from the framework of Jesuit values that places them in areas where there are health disparities."

Maya Jackson, MD (M'18), credits Levin's course with opening her eyes and inspiring her to engage in advocacy.

"Prior to my enrollment in the class, I was naïve in my thinking about HIV and AIDS," says Jackson. "I hate to admit that I was one of those people who thought HIV and AIDS affected a certain type of person, and part of that was because of the stigma that is attached to HIV within my family and within my community."

In 2006, Jackson's cousin died of AIDS-related complications, but she was told he died of brain cancer. It was not until her sophomore year of college that she was finally told the truth about his cause of death. Even after receiving this news, however, her perception of HIV did not change. "I still believed that it was a disease that affected a certain type of person. I now understand that HIV is not a disease that is restricted to a certain class, ethnic group, or sexual orientation."

When told that she would have the opportunity to lobby in support of a bill related to HIV, Jackson selected the Stop AIDS in Prison Act based on her desire to help vulnerable populations. "As an African American woman, I was appalled and horrified by the statistics on HIV in the African American community and specifically the prison population."

The lesson Jackson learned reflects what Georgetown's School of Medicine hopes to impart to its students now and going forward. "We as a nation have to combat this disease," she says.

"We cannot shy away from discussions about HIV and AIDS any longer." ■