



Instituting a Student-Led Street Medicine Program at the Royal College of Surgeons in Ireland (RCSI)

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Motivated by the increasing population of unhoused individuals, RCSI students developed and co-created the RCSI Street Medicine Programme which aimed to inform the development of a social inclusion medicine curriculum and establishing an RCSI street medicine volunteer organisation.

Introduction and Context

According to the most recent Dublin Region Homeless Executive (DRHE) report, as of February 2023, there were 8,588 individuals and 5,173 total households availing of emergency accommodation in Dublin¹. Unfortunately, with a European recession, a closed eviction ban, and a mass exodus of refugees worldwide these numbers are likely to increase and have a substantial impact on the already strained Irish healthcare system.

As four medical students with a passion to help those in need, we recognised this crisis and sought out ways to be part of the solution. We discovered the StEP program in our first semester at The Royal College of Surgeons Ireland. A programme based on a collaborative student-staff partnership, StEP inspired us to come together with fellow students and faculty members who shared a common interest and goal of helping others. From there, the idea of RCSI Street Medicine was born.

What first ignited the concept of RCSI Street Medicine was the minimal student engagement with healthcare services for the homeless and marginalised communities in Ireland. We took inspiration from the work of international street medicine programmes with the hope of mirroring their efforts to improve the healthcare of people experiencing homelessness in Ireland. Our objective was to identify gaps in social inclusion healthcare in the Irish medical field and to pinpoint where medical students would be of most benefit.

It was through the StEP programme that we laid the foundation for RCSI Street Medicine. With RCSI Street Medicine, we aim to inform the development of a social inclusion medicine curriculum and establish an RCSI street medicine volunteer organization. These programmes will operate under four pillars of action (Education, Service, Research, and Advocacy) and will allow students to participate in social inclusion medicine throughout the course of their medical education. We also plan to support student career development by helping students better understand the causes of homelessness, develop empathy for people experiencing homelessness, and potentially learn the basics of culturally competent care and trauma-informed care.

Research and Development

Prior to initiating our project, we established staff partnerships with RCSI faculty members. We connected with Dr. Gráinne Cousins and Dr. Aisling Walsh, who are both knowledgeable about healthcare for marginalised communities and were willing to guide us in our efforts to establish a street medicine programme at RCSI. With these supervisors, we held regular meetings to discuss our project trajectory and research findings. Using their knowledge in the field Dr. Cousins and Dr. Walsh helped us by listening to our ideas and concerns while continuously mentoring and supporting our goals.

With the advice of our mentors, we started the research phase of our project by conducting a needs assessment of the homeless healthcare landscape in Ireland. Our goal was to investigate the current healthcare systems in place and the main medical services utilised by people experiencing homelessness. To conduct this needs assessment, we reviewed annual reports from leading organisations that provide medical services to people experiencing homelessness in Ireland. These organisations included Anna Liffey, Merchant's Quay Ireland, and SafetyNet Primary Care.

After we completed our preliminary assessment, we began to consult with these organisations and service providers. Dr. Cousins and Dr. Walsh help to connect us with leaders in the social inclusion medical field. We held discussions with Fiona O'Reilly, CEO of SafetyNet primary care; Dr. Austin O'Carroll, founder of SafetyNet primary care and the North Dublin GP training scheme; social workers in Anna Liffey and Merchants Quay Ireland; and with the Street Medicine programme at the University of Limerick. Finally, with the help of Bryan Sheils, the Head of Campus Services at RCSI, we were able to set up a meeting with Ivana Bacik, the leader of the Labour Party.

In addition, we reached out to international organisations to grasp what efforts were being made internationally and to decide how we could mirror the efforts of previously established street medicine organisations. We formed connections with street medicine coalitions around the world, including Newcastle, Prague, SMISC, Vanderbilt, and Chicago. We are currently working with Vanderbilt to survey all university-led street medicine programs associated with SMISC to forge a better understanding of how students can better help homeless populations worldwide; this underscores the student collaboration at the core of StEP.

Upon completion of our needs assessment, we were able to formulate a firm idea of what gaps in the field of homeless medicine can be filled by students. We realised that advocacy and education surrounding homelessness and substance abuse are two major avenues in which we can support positive change. Additionally, we found that there exists a prevalent stigma against homelessness and drug use which remains a barrier to the homeless population accessing adequate healthcare.

Furthermore, we learned that there is a lack of education among the homeless community surrounding symptoms of early illness, which is another major barrier to the homeless accessing primary healthcare. Improving health literacy among the homeless, promoting trust-building interventions surrounding the use of primary-care facilities and increasing the homeless population's control over their personal health are paramount interventions that need to be addressed to systemically improve the healthcare needs of this vulnerable population². Hence, improving both students' and health care professionals' knowledge of the complex barriers to healthcare among the homeless community is a crucial aspect of medical education that cannot be ignored.

Actions Taken During the Project

Action	Brief Description
Action A: Collaboration	The StEP programme encouraged us to seek knowledgeable and willing partners to help us steer our project. Our staff partners were our initial point of contact, guiding us with their knowledge and expertise. They assisted us with their networking capabilities and provided us with useful contacts that accelerated our project's progress. It was through conversations with these staff partners as well as local physicians that we realized our group could be most useful advocating for and educating others on social inclusion medicine. Therefore, the student faculty engagement aided in our realisation of attainable and realistic goals for RCSI Street Medicine to a great extent.
Action B: Evidence based practice	Once we had a firm idea of where our project objectives lay, we began to conduct literature searches on the current homeless landscape and degree of social inclusion medicine in Ireland.
Action C: Diversity and Inclusion	It was important that we made sure to consider as many demographics (ex. traveler community, refugees) as possible when developing our goals within social inclusion medicine.
Action D: Teaching and Learning	We recruited SafetyNet founder Austin O'Carroll as a guest lecturer at RCSI and attended his conference; both experiences informed us, our fellow classmates, and faculty about social inclusion medicine and how we can all be of help.
Action E: Student Participation	Throughout our StEP 1 project we facilitated RCSI Street Med student placements with the social inclusion medical providers via SafetyNet. Students attended GP visits to local homeless community shelters and to GP drop-in clinics in the local Dublin community.

Reflections on Engagement

The RCSI StEP programme gave us, and continues to support us with, the platform we need to make a difference. Homeless healthcare deserves to be recognised as a priority for medical students and practising physicians. In forming RCSI Street Medicine, we not only feel that we are making a positive community wide impact, but also acknowledge that the process has afforded us with an invaluable learning experience. We learned how to divide workloads and distribute administrative roles within the team. Additionally, we prioritised balancing working amongst ourselves and with our staff advisors to support the development of our project. The process also gave us a chance to optimise our individual skills and improve group efficiency.

When it came to making decisions regarding the evolving trajectory of our project, we realized that our communication strategies needed improvement. Optimising our communication strategies at an earlier stage of our project may have expedited our project outcomes. For future projects and for anyone commencing a StEP project, both defining roles early within the group and timetabling consistent meetings, will help to provide a level of accountability and consistency that thus fosters good communication.

To ensure project success it is important for students to keep the acronym SMART in mind when discussing their project objectives; (Specific, Measurable, Achievable, Realistic, Timebound). In our case, although we initially hoped to play a more hands-on role through the direct provision of basic medical aid to those on the streets of Dublin, we learned that this may not be the best way for students to improve healthcare in the homeless community. After commencing our initial research, we soon realised that Ireland has a well-established medical system in place for people experiencing homelessness. Therefore, our goal pivoted to optimising our contribution to education and research in social inclusion medicine. Therefore, our goal pivoted to optimising our contribution to education and research in the social inclusion medicine field. We saw how this would be a more realistic and attainable goal for RCSI Street Medicine and would be of more benefit to the social inclusion medical field than our original goal.

We aim to continue our progress on this project through a follow-up StEP grant, where we are working to develop a student run social inclusion medicine curriculum in RCSI. We are confident that through continued project development, we will make a significant contribution to the medical field serving Dublin's homeless community.

References

1. Dublin Regional Homeless Executive. (2023, March 31). *Monthly Report to Dublin City Councillors on Homelessness*. Homeless Dublin. <https://www.homelessdublin.ie/content/files/DRHE-Monthly-ReportOctoberhttps://www.homelessdublin.ie/content/files/DRHE-Monthly-Report-October2022.pdf>
2. Swabri, J., Uzor, C., Laird, E. et al. Health status of the homeless in Dublin: does the mobile health clinic improve access to primary healthcare for its users?. *Ir J Med Sci* 188, 545–554 (2019). <https://doi.org/10.1007/s11845-018-1892-0>