

Understanding illicit substance use in the real world

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Context and setting Illicit substance use is highly prevalent in US urban settings and impacts much of the patient population served by our faculty, residents and students. Our city has consistently ranked in the top 5 US metropolitan areas for emergency department drug episodes during the last decade. Drug overdose was the seventh leading cause of death for men in 2003–04.

Why the idea was necessary There is an urgent practical need to have substance use issues taught to medical students. Patients who use illicit substances represent an especially vulnerable group and are over-represented as patients in teaching hospitals. Unfortunately, the so-called ‘hidden curriculum’ often introduces clinical and interpersonal biases that interfere with best clinical practice. In addition, exposure to substance-using individuals in clinical settings can be frustrating for inexperienced students and clinicians and may lead to burnout. Intermixing community-based experiences allows students to experience other philosophies and modalities in caring for urban poor populations and to develop an understanding of substance-using patients in their wider sociocultural contexts.

What was done We designed a multi-disciplinary Year 4 elective to increase students’ understanding of the complexities of substance use in the social world outside clinical settings. This course was integrated with an elective on clinical care for urban poor populations. Both courses provide students with multiple community perspectives on providing care, including harm-reduction protocols, to marginalised populations. The 2-week substance use course is described below.

- Seminars conducted on substance use included material on its historical and sociocultural aspects, medical consequences, treatment modalities, harm reduction approaches, and public policy challenges.
- Clinical experience was outreach-oriented and included working with community-based harm-reduction programmes targeted at specific populations, including: youth; injection drug users; sex workers, and homeless people. Students also observed clinic-based and mobile opiate substitution therapy.
- A medical anthropological perspective was provided by MD/PhD anthropology students and professors. Seminars focused on cultural relativ-

ism, the anthropology of drugs, and ethnographic techniques. Writing ethnographic fieldnotes is a core practice in contemporary cultural anthropology. Students wrote fieldnotes following all outreach experiences and shared them in group discussion.

Evaluation of results and impact This course has been run twice in concurrent years and has been well received by students and the community. Overall students’ course ratings were 4.75/5.00 ($n = 12$). Specifically, students were very satisfied with writing and discussing their fieldnotes; they uniformly described that experience as helpful in enhancing communication and observational skills. One student felt ‘enlightened’ by writing fieldnotes and commented, ‘I found myself observing *everything* more keenly.’ All community-based programmes, sometimes reluctant to establish rapport with medical entities, agreed to work with us in the second year based on their positive experiences in the first.

The writing and sharing of ethnographic fieldnotes during clinical experience is, to the best of our knowledge, unique in medical education. The practice helps to achieve several of the objectives of this course: it enhances competency in working with substance-using individuals; it improves observational skills; it promotes critical self-reflection; it develops a practical awareness of the clinical utility of anthropological methods and philosophy, and it encourages reflection on the challenging experiences that are inherent in providing inner city care.

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Using unannounced standardised patients to assess residents’ professionalism

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Context and setting The Accreditation Council for Graduate Medical Education (ACGME) mandates US residency programmes to establish competency-based assessments of professionalism. Although ACGME