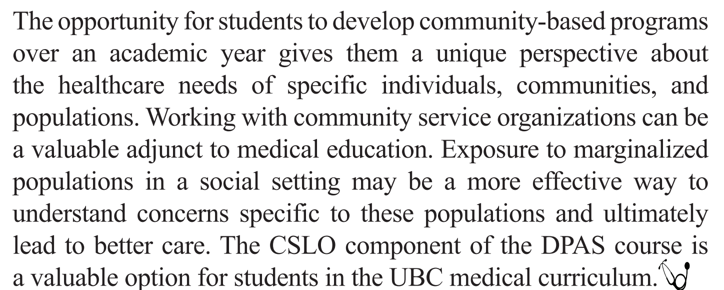
> **The opportunity for students to develop community based programs during academic years gives a unique perspective in which to learn about specific healthcare needs of individuals, communities, and specific populations.**

Many youth upheld a "reputation" upon initial visits to the facility. Such reputations made it difficult for us to engage in meaningful discussions with the youth. We were forced to adapt our communication style in order to better connect with these youth. One strategy was isolating an individual from the group—not unlike conducting a patient interview with an adolescent and having the parent leave the room. Another effective communication technique involved using the youth's personal experiences and interests to help relate certain topics. For example, over the first six months we learned about the inmate's interests, work experiences, and plans upon release. The statistics report a high incidence of homelessness (32%) in youth in custody and our experience corroborated that.[1] Having learned the importance of income in reducing recidivism, we catered a presentation to their career goals to help interrupt this cycle. Providing personalized information (such as pamphlets to specific programs of interest) was also valuable and helped build rapport.

In another instance, there was a situation where an inmate had assaulted another youth. We used this opportunity to engage in a discussion on bullying. We posed an open-ended question on whether anyone in the room had been bullied; everyone (guards, medical students, and inmates) raised their hands. This created a safe environment and led to an interesting discussion on the types, effects, and prevention of bullying. Relating personal experiences and interests to a specific topic was an effective way to engage the youth in an interactive discussion.

Strong communication skills are the cornerstone of the medical interview and the doctor-patient relationship. Physicians are required to develop these skills to interact with a wide variety of individuals, and the CSLO experience with this marginalized population allowed us to foster these skills in a subset of marginalized populations. Although the interactions at the youth custody center were not that of doctor-patient, the learning outcomes and strengths developed will translate into skills used in the medical setting.

CONCLUSION



The opportunity for students to develop community-based programs over an academic year gives them a unique perspective about the healthcare needs of specific individuals, communities, and populations. Working with community service organizations can be a valuable adjunct to medical education. Exposure to marginalized populations in a social setting may be a more effective way to understand concerns specific to these populations and ultimately lead to better care. The CSLO component of the DPAS course is a valuable option for students in the UBC medical curriculum.

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How to Make It in Medical School: Pearls of Wisdom from Dr. Salloum

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Dr. Sharon Salloum, former Associate Dean of Student Affairs in the MD undergraduate program, is a woman of many accomplishments and a true caregiver. Over the span of her long and successful career she has practiced medicine as a general practitioner, worked in remote communities providing medical care to First Nations, been the Clinical associate Professor in the department of family practice, and has served as the director for the Sexual Assault Center in the York Region, just to name a few of her roles.

Dr. Salloum graduated from McGill University in English Literature and studied Speech Pathology at the University of

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Toronto where she also earned a Masters in Special Education. She received her medical degree from McMaster University in 1982. She has always had a special interest in communication skills and teaching, and been passionate about working with students. As the former Associate Dean of Student Affairs, she had been a consummate student advocate. In an interview, Dr. Salloum kindly shared her own experiences in medical school and what led her to pursue a career in student advocacy. As well, Dr. Salloum shared some pearls of wisdom for medical students embarking on the very difficult, yet rewarding, path towards practicing medicine.

When asked what drew her to the position that she currently holds, Dr. Salloum responded by saying,

> “Like all things in life, there’s an element of serendipity. I’ve always really enjoyed working with students and teaching. When the position of Associate Dean became available, I was delighted and very excited to work with students more closely and get to know them one-on-one.”

Dr. Salloum explained that she did not find medical school to be a very easy process: she faced a number of challenges and found there was no one around to help and offer support. Prompted by her own experiences during medical school, she made it her task to make medical school an easier time for the students of today.

In discussing the problems that medical students frequently face, Dr. Salloum mentioned some common themes, such as time management, maintaining relationships, and dealing with the challenges of clerkship. Dr. Salloum went on to explain how a student’s age and background can make a difference in their experience of medicl school:

> “I think the younger students, by definition have less life experience, and although they are very smart and have been very successful, they may not have had to shoulder a lot of responsibility when it comes to some of the basic necessities. Faced with new responsibilities combined with the necessity for time management, the heavy workload of a medical school curriculum can be a real shock for some people.”

Dr. Salloum started medical school at the age of 32 and believes that the challenges facing the older students can be different.

> “Older students normally have had jobs, have had money coming in and a sense of identity that had been quite established. Going back to the beginning can be difficult. Another challenge is that memory work is harder. They could also have other responsibilities such as their partners and maybe children, and they have to dedicate time and energy to maintaining that aspect of their lives,” said Dr. Salloum.

The amount of information that a medical student is expected to absorb can be monumental. Some have compared it to drinking from a fire hose, but Dr. Salloum had some very good advice to help ease the burden.

> “You need to figure out what makes you feel good in yourself, your physical self. We all know that if we exercise, we have more energy. Some people may be runners. Some may want to join a gym. It’s important to explore new ways of getting your endorphins going,” said Dr. Salloum.

She also emphasized the importance of sharing how you feel with others,

> “There are other things too, like cooking, and it doesn’t have to be a solitary exercise. You can cook for each other or make book clubs. It can be quite scary to think that you’re alone in this enterprise and that’s why it’s important to share, particularly in third year where the clinical experience can be intense and tough. Share what’s going on with you, but not on Facebook,” she said stressing the importance of maintaining boundaries as medical professionals.

Dr. Salloum emphasized strongly the benefits of time management. Her advice was to make designated study times as “nobody can pour information into his or her head for long periods of time. The material needs to get in there and have time to absorb.”

Dr. Sharon Salloum’s dedication and contribution to UBC medical students has been exemplary, and although she is retiring, she has left a legacy of teaching excellence, and exceptional and tireless student advocacy. I know that her parting words will be mantra as I go through the next three years of my medical education: “Don’t be scared. Fear doesn’t really help anything. Work hard, listen, be on time, and be a part of the team.”