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EDUCATING THE NEXT GENERATION OF HEALTH LEADERS: MEDICAL-LEGAL PARTNERSHIP AND INTERPROFESSIONAL GRADUATE EDUCATION

Emily A. Benfer*

INTRODUCTION

With the passage of the Patient Protection and Affordable Care Act (PPACA), the fields of health and law are moving from a single perspective approach to a cooperative, holistic, and integrated approach to public health. Interprofessional, team-based care is central to advancing healthcare and improving individual and public health. Interprofessional care occurs when “multiple health workers from different professional backgrounds work together with patients, families, careers and communities to deliver the highest quality of care. It allows health workers to engage any individual whose skills can help achieve local health goals.”1 This practice is best demonstrated by the

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1 Emily A. Benfer is a Clinical Professor of Law and the Director and Founder of the Health Justice Project at Loyola University Chicago School of Law. My deepest thanks to David Buchanan, MD, Marcia Spira, MSW, Ph.D., Anuj Shah, MD, MPH, Sheila Fleming, LCSW, Dhrubajyoti Bhattacharya, JD, MPH, LLM, Ashley Park, MPH, Mark Swartz, JD, Daniel Contreras, JD, and Colleen Boraca, JD, for being outstanding MLP partners and champions of health justice. Thank you to: Allyson E. Gold for her invaluable contributions to the Health Justice Project, and education of our clients, education of our students, and content of this article; and Curt and Linda Rodin for making her position possible. Thank you to Ellen Lawton and Megan Sandel for: their leadership, guidance, and insight in the MLP Movement; and the development of the Health Justice Project and this article. Thank you to: Elena DeBartolo, Wendi Adelson, and Greg Veza for their helpful comments and editing; and Erin Sutton and Paige Steffan for their skilled research assistance. Thank you to Jane Aiken, Lisa Bliss, Brenda Blom, Alex Boni Saenz, Bruce Boyer, Sylvia Caley, Kate Cronin, Mary Christie Fisher, Paula Galowitz, Diane Geraghty, Diane Goffinet, Ellen Lawton, Kate Mewhinney, Stacey Platt, Megan Sandel, Charity Scott, Kelly Scott Flood, Liz Tobin Tyler, Maureen van Stone, and Amy Zimmerman for their expert advice and guidance as I developed the Health Justice Project. Thank you to: Dean David Yellen of Loyola University Chicago School of Law; and Larry Singer, Megan Bess, and the members of the Beazley Institute for Health Law and Policy for their generous support and guidance. Please direct correspondence to Professor Benfer at ebenfer@luc.edu.

medical-legal partnership (MLP) movement, which integrates lawyers into the healthcare team to provide high-quality, comprehensive services that address the social, economic, political, and cultural underpinnings of patient health. In this model, healthcare and legal partners confront the root causes of the health problem. Together, they can address the legal and social issues that underlie poor health before the problem proliferates. In essence, the model shifts the response from crisis management toward prevention.

At the same time, interprofessional education (IPE) is burgeoning in the graduate school environment. IPE “occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.” It “provides an ability to share skills and knowledge between professions and allows for a better understanding, shared values, and respect for the roles of other healthcare professionals.” University leadership and graduate students are recognizing the demand for individuals who are adept at collaborating with diverse disciplines. Interprofessional collaborations present an optimal environment for developing desirable professional attributes, such as leadership, problem solving, and creativity. MLP has proven to be an ideal setting for IPE as a growing number of universities are encouraging collaborations between graduate schools. Within these programs, students flourish, partnerships advance, and the lives and health of low-income individuals improve.

Currently, more than 60 graduate schools host MLPs. The author of this article is the founder and director of one such MLP, the Health Justice Project.

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2 See Starting Your Own Medical-Legal Partnership: A Step-by-Step Toolkit to Implementing the MLP Model, NAT'L CTR. FOR MEDICAL-LEGAL PARTNERSHIP 1, 3 (2011), http://www.medical-legalpartnership.org/sites/default/files/page/2011%20Start-Up%20Toolkit_3.pdf. Healthcare providers (doctors, residents, nurses, social workers, and public health experts) and lawyers (legal aid offices, law schools, and pro bono attorneys) are partnered at more than 235 sites nationwide, in a variety of specialties that include pediatrics, family medicine, internal medicine, geriatrics, oncology, adolescent medicine, and others.

3 See Megan Sandel et al., Medical-Legal Partnerships: Transforming Primary Care by Addressing the Legal Needs of Vulnerable Populations, 29 HEALTH AFF. 1697, 1698 (2010).

4 See, e.g., Ellen Cohen et al., Medical Legal Partnership: Collaborating with Lawyers to Identify and Address Health Disparities, 25 J. GEN. INTERNAL MED. S136, S137 (2010).

5 Framework for Action, supra note 1, at 7.

6 Diane R. Bridges et al., Interprofessional Collaboration: The Best Practice Models of Interprofessional Education, 16 MED. EDUC. ONLINE 6035 (2011), http://med-ed-online.net/index.php/meo/article/view/6035/pdf_119. Interprofessional education was designed to train health professionals. In the health law field, the MLP model integrates law students and lawyers into the healthcare team. This is an interdisciplinary and interprofessional model of education. Interprofessional, however, is the preferred term because it encompasses practice and not merely fields of study.

7 See Health Justice Project Newsletters (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).
The Health Justice Project is an MLP housed in a law school clinic and funded by Loyola University Chicago School of Law. Loyola University Chicago Schools of Law, Social Work, Medicine, and Public Health participate in the Health Justice Project and partner with Erie Family Health Center, a Federally Qualified Health Center. During the development of the Health Justice Project, it became clear that, despite the movement toward increased collaboration between professions and the training of students in this practice, there is a dearth of literature focused specifically on the creation or operation of an MLP in an academic environment. Fortunately for the Health Justice Project, the members of the MLP movement are extremely generous and successful, and shared their knowledge and expertise. This article builds on that shared expertise and provides resources for developing an MLP in the graduate school setting.

The goal of this article is to share IPE best practices in the MLP setting and to promote the growth of a wide range of graduate students into health leaders. It is designed to support educators at any stage in the development of an MLP in the graduate school setting. Part I provides an overview of the critical components of a successful MLP. Part II discusses the ways the MLP meets graduate student learning goals and provides a menu of possible student activities to meet core competences. Part III describes the extraordinary outcomes of an MLP in the graduate school setting through the example of the Health Justice Project. To better assist a new and developing MLP, templates and samples of the documents described throughout

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9 The Health Justice Project was developed after detailed conversations with MLP leaders, including Sylvia Caley and Lisa Bliss at Georgia State Law School, Paula Galowitz at New York University School of Law, Suzette Melendez at Syracuse University College of Law, Kate Mewhinney at Wake Forest University School of Law, Liz Tobin Tyler at Roger Williams University School of Law, Katie Cronin at University of Kansas School of Law, Diane Goffinet at Land of Lincoln Legal Aid–Carbondale, Amy Zimmerman at Chicago Medical-Legal Partnership for Children, Mary Christy Fisher at New Haven Legal Assistance (from 1985 to 2009 and as Deputy Director from 2005 to 2009), Maureen van Stone at Project Health at Kennedy Kreiger Institute, Alex Boni Saenz at the Chicago Medical-Legal Partnership for Seniors with Erie Family Health Center at the Legal Assistance Foundation of Metropolitan Chicago (from 2009 to 2011), and Kelly Scott Flood at the American Bar Association Medical-Legal Partnership Pro Bono Project. For more information on the Health Justice Project, see Health Justice Project, http://luc.edu/healthjustice (last visited Oct. 12, 2013).
this article are available for download at the Health Justice Project website (http://www.luc.edu/healthjustice). New and emerging MLP practitioners are urged to look to the National Center for Medical-Legal Partnership for guidance, best practices, and models of implementation.11

I. LAYING THE FOUNDATION FOR INTERPROFESSIONAL GRADUATE EDUCATION: MLP DESIGN

Thirty-five-year-old Teresa, a patient of Erie Family Health Center, was immobilized by severe hip pain. At the same time, she received a five-day notice of eviction from her landlord. Teresa’s healthcare team could not perform hip surgery without assurances she would have an apartment in which to recuperate. Eager to treat her, the physician quickly mobilized the Health Justice Project MLP partners to ensure that Teresa would have a place to convalesce after the surgery. A law student negotiated with the landlord while a social work student searched for more suitable housing. Not only was the eviction withdrawn, the patient was allowed to stay in the apartment for a number of months to allow for recovery before moving to a more suitable apartment. Today, Teresa is mobile, is experiencing significantly less pain, and is able to care for her family in their new home.

As Teresa’s story demonstrates, students participating in an MLP can accomplish extraordinary outcomes. Before students can be trained in the interprofessional setting, it is necessary to build a strong MLP. This section outlines the key components of an MLP and provides examples from the graduate school setting. In addition, multiple resources are available on the National Center for Medical Legal Partnership website, including a toolkit that articulates core components of an MLP.12 This section is intended to complement the National Center’s materials and to provide both the nascent and developed MLP with step-by-step information and resources on how to establish a thriving interprofessional collaboration.

At the outset, it is important to note that the quality and sustainability of an MLP is almost always related to the extent to which legal care is integrated into healthcare services.13

12 Starting Your Own Medical-Legal Partnership, supra note 2.
13 “Legal care” is defined as “[t]he full spectrum of interventions that address legal needs for individuals and populations. This includes legal screening, triage, consultations, legal representation, changes to clinical or institutional policy and changes to systems policy.” Achieving Quality and Sustainability for Medical-Legal Partnerships, Nat’l Ctr. for Medical-Legal Partnership (June 2013), http://www.medical-legalpartnership.org/sites/default/files/page/Achieving%20Quality%20and%20Sustainability%20for%20MLPs.pdf.
Integration can be measured by the healthcare institution’s view of legal services, the relationship between healthcare and legal institutions, and the patient’s access to legal care. For example, in a fully integrated MLP, legal needs are directly linked to patient health, and legal care is an important part of health services. In addition, the legal team is seen as a part of the healthcare service system, and all patients have regular access to some level of legal care.\textsuperscript{14}

To develop a successful and fully integrated MLP, partners must address at least five key elements: (1) identification of the urgent health-related legal and social issues to which the MLP will respond; (2) engagement of committed team members from diverse professions who value the role of interprofessional partners to overcome the identified need; (3) deliberate, thorough, and agreed-upon partnership mission, logistics, and a funding structure that allows for the full integration of legal care into health services; (4) data collection and analysis to describe outcomes and support policy change; and (5) measures to ensure ongoing engagement, teamwork, reflection, goal setting, and sustainability.\textsuperscript{15} The order in which these components are completed is dependent upon the unique characteristics and needs of an MLP, and each MLP may take an individualized approach to meeting the goal of integrated care.\textsuperscript{16} Finally, each component may and should be revisited as an MLP evolves and grows.

A. Community Health Needs Assessment: Identification of Legal and Social Determinants of Poor Health

In the effort to improve public health in the community, an MLP must clearly identify the health-related legal and social issues to which it will respond.\textsuperscript{17} This includes researching the most prevalent social determinants of health in the community, medical partner patient needs, and potential collaborator and stakeholder interests.

An effective tool in this area is the Community Health Needs Assessment (CHNA),\textsuperscript{18} which defines areas of concern for vulnerable populations

\textsuperscript{14} Id.
\textsuperscript{15} Emily A. Benfer, \textit{Interdisciplinary Health Partnership Between Graduate Schools and Host Communities}, \textit{in TOWN AND GOWN: LEGAL STRATEGIES FOR EFFECTIVE COLLABORATION} 239 (Cynthia A. Baker & Patricia A. Salkin eds., 2013).
\textsuperscript{16} For example, an individual or organization may identify a community need, determine that MLP is the ideal solution, and engage partners to address it. Alternatively, an MLP may begin with identification and engagement of partners who then, together, determine the need to which their MLP will respond.
\textsuperscript{17} Some researchers suggest that improved access and quality of medical care at the individual level alone may do little to reduce socioeconomic-based inequity in health. \textit{See generally Handbook of Medical Sociology} (Chloe E. Bird et al. eds., 6th ed. 2010).
and health disparities in the community. Research on the need for MLP intervention in a community may include: the rate of health impairments closely tied to social determinants, such as asthma, lead poisoning, malnutrition, and diabetes; populations that are unlikely to seek out legal and social services and neighborhoods that are underserved by providers; or “hot spotters” or frequent utilizers of the healthcare system, among others. PPACA requires that tax-exempt hospitals conduct a CHNA every three years and develop an “Implementation Strategy” to respond to the need. Because MLP is an effective and direct response to community health needs, it is a natural component of a tax-exempt hospital’s Implementation Strategy. As discussed below, the CHNA may involve an assessment of the legal and social determinants of health, patient needs assessment, and stakeholder analysis, among other activities.

1. Legal and Social Determinants of Poor Health

In considering the needs of low-income patients within the community, an MLP should consider the legal and social issues that have a negative effect on health. Social determinants of health form the basis for understanding legal and social issues that are directly linked to socioeconomic status and environment. Low-income individuals, children, and families experience adverse health outcomes that are directly related to their socioeconomic status.

19 For example, immigrant populations are more likely to have legal problems than the average low-income household but are unlikely to take public benefits or seek out legal services for fear of immigration difficulties. See Ellen Lawton, Community Health Needs Assessment: Best Tool Ever for MLP? Part I, BRIDGING THE DIVIDE (July 3, 2013), http://medical-legalpartnership.blogspot.com/2013/07/community-health-needs-assessments-best.html; see also Kenzy Vandebroek, Opening Doors to Health Care for Immigrants and Refugees, CHICAGO DEPT. OF PUB. HEALTH (Sept. 7, 2006), http://www.cityofchicago.org/dam/city/depts/cdph/policy_planning/PP_Open%20Doors%20to%20Healthcare%20for%20Immigrants%20and%20Refugees.pdf.


21 Under the Patient Protection and Affordable Care Act, all tax-exempt hospitals must conduct a community health needs assessment (CHNA) every three years, and it must be made available to the public. Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 §§ 9007(a), 6033(b)(2013). In addition, hospitals must develop an “implementation strategy” that addresses the needs of the community. Id. Hospitals that fail to conduct a CHNA are subject to an excise tax and other penalties. Id. § 4959.

22 Social determinants of health are “the conditions in which individuals grow, work, and age” and are influenced by “distribution of money, power, and resources at global, national and local levels.” Social Determinants of Health: Report by the Secretariat, WORLD HEALTH ORG. (Nov. 23, 2012), http://www.who.int/social_determinants/en/. Social determinants of health have been defined and examined by several scholars, especially in the context of the health of minority populations. See generally Brian K. Gibbs et al., Reducing Racial and Ethnic Health Disparities: Exploring an Outcome Oriented Agenda for Research and Policy, 31 J. HEALTH POLITICS POL’Y & L. 185 (2006).
and environment at a higher rate than their higher-income peers. For example, people living in impoverished communities experience poor housing conditions, such as mold, infestations, or lead paint, that, in turn, cause a high rate of asthma and lead poisoning. Similarly, an individual who is unable to pay her electric bill will experience difficulty maintaining good health or treating conditions that require refrigerated medication or electrical-powered medical equipment. The most pressing legal and social issues will vary from community to community.

2. Patient Needs Assessment

At the outset and periodically, MLP partners should survey patients to identify the health-related legal and social issues that affect them. This will allow an MLP to respond to the actual need as opposed to a perceived problem. Patient engagement allows partners to understand the priorities of the patient population, while also spreading awareness about the presence of the MLP to potential participants. This may be accomplished in a number of ways, such as patient focus groups, questionnaires, and interviews.

3. Stakeholder Analysis

To avoid duplicating the work of advocates, non-profits, government organizations, or other members of the community, it is important to conduct a stakeholder analysis. The goal of the analysis is to identify current efforts

28 Id.
to address social determinants of health and whether there are adequate legal and social interventions to address them. Like the patient outreach, the stakeholder analysis may take the form of research, focus groups, questionnaires, and interviews. The breadth of stakeholders included in the analysis may vary depending on whether the MLP is set in a rural or urban environment. Especially if the MLP partners are new to the non-profit community, the stakeholder analysis provides an opportunity to identify resources and potential collaborators, and to bring additional allies into policy advocacy. In addition, stakeholder analysis is a neutral way to introduce the MLP to the community.

B. Identifying and Engaging Committed Partners

The success of an MLP depends upon the commitment, dedication, and knowledge of its partners. A successful MLP requires robust engagement of partners from the onset of the partnership, as well as ongoing engagement to ensure sustainability of an MLP. Partners from each discipline must “work together on a problem with ‘intention, mutual respect, and commitment.’” As an MLP grows, the collaboration between disciplines will increase, leading to improved patient outcomes. To ensure the strength of the partnership, an MLP must invest in the initial stage of gathering partners and conduct ongoing training to increase the ability of a partner to effectively participate in the MLP.

1. Partner Identification

The initial identification of partners requires outreach to organizations and entities that have an interest or a role in improving patient health for vulnerable populations. As Figure 1 demonstrates, these include: schools of law, medicine, nursing, public health, and social work, among others; residency programs; health centers; hospitals; legal and social services organizations; organizers; and other members of the community.

Depending upon the characteristics of the community and goals of the developing MLP, there are multiple factors that make for an ideal partner, or

29 Benfer, supra note 15.
30 For more information about team building and sustainability, see Ongoing Engagement and Teamwork for MLP Sustainability, infra § I(D).
32 The National Center for Medical-Legal Partnerships can serve as a resource to match local institutions together to form an interprofessional partnership. Resources for Emerging and Active Partnerships, NAT’L CTR. FOR MEDICAL-LEGAL PARTNERSHIP, http://www.medical-legalpartnership.org/resources (last visited Nov. 7, 2013).
“champion” of MLP. Some factors to consider when identifying ideal partners may include: a potential partner’s proximity to the university; level of understanding or ability to appreciate the role of social determinants of health in patient health outcomes; or past work with students or student interns. Other important considerations when selecting a healthcare partner include the medical partner’s patient population and its service delivery model. For example, what population does the partner serve? What services does the partner provide? Are the services provided in an ambulatory or outpatient setting? Is the treatment site a large hospital, clinic, or medical office building? What are the partner’s mission statement and goals? What is the partner’s service pedagogy? What is the partner’s capacity? How is the facility designed? How is the partner funded? Is there room for expansion? These questions assist the MLP in identifying ideal partners, and contextualize where and how a partner may contribute to the partnership.

2. Engaging and Training New Partners

When engaging potential partners, it is important to recognize the potential partner’s distinct goals, skills, and approaches to problem solving. These steps require a thorough understanding of the partner’s mission, existing services, and how MLP will advance the partner’s goals. For example, if a legal partner’s goal is to preserve affordable housing through eviction prevention,
the partner engagement should include a discussion of how MLP identifies the low-income tenant at an earlier stage in the housing crisis than other models in which the tenant is responsible for seeking out legal assistance.

Once a partner is identified and engaged, it is essential to the investment and effectiveness of an MLP to train partners on the social determinants of health and partnership logistics as they are developed. The method of training should take into consideration the partner’s background and experience, existing training methodologies within the organization and discipline, and the needs of the partner; the communication style and method should then be adjusted accordingly. The following examples describe trainings for various audiences.

a. Intensive Training Models

To train graduate students in the foundations of MLP, the Health Justice Project conducts a “boot camp” or orientation. Grounded in team exercises and mock activities, students of law, social work, medicine, and public health learn about social determinants of health, interprofessional collaboration and the roles of each discipline in MLP, laws that affect the health of low-income patients, partnership logistics, and privacy and confidentiality laws.

b. Health Provider Presentations

Health provider presentations may take place in a variety of forums, including grand rounds, specialty focus group meetings, and didactics. Whenever possible, trainings should be led by representatives of all disciplines in the MLP. This increases the rate and level of “buy in” on the part of the providers and increases the comfort level of the audience with the information. Presentations are also an ideal way to engage students. For example, graduate students participating in the Health Justice Project regularly give presentations to the medical partner, Erie Family Health Center. Topics of past presentations have included health outcomes linked to poor housing conditions and eviction.

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33 Starting Your Own Medical-Legal Partnership, supra note 2, at 9 (noting that, “[f]or the collaboration of MLP partners to be effective, it is imperative that each partner understand the community’s health and legal landscapes”).


35 See Presentations to Health Providers, infra § II(C)(3)(c).

36 Healthy Housing Presentation PowerPoint (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab) (describing common barriers to health in the housing setting, including common substandard housing conditions, such as mold, lead, and utility disconnection, and explaining how medical providers were trained in identifying patients experiencing one of these health-harming legal needs, the rights of patients in such situations, and how to support legal intervention).

37 Preventing Negative Health Outcomes from Illegal Eviction Presentation PowerPoint (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for...
legal and social implications of disability and chronic conditions,\textsuperscript{38} and rights and resources for patients experiencing food insecurity\textsuperscript{39} and malnutrition.\textsuperscript{40} In addition, to further motivate partners to stay actively engaged in the MLP, it is important to present on the positive outcomes and benefits of interprofessional collaboration and to celebrate an MLP’s accomplishments.\textsuperscript{41}

c. Supportive Materials

To support individuals participating in an MLP, it is crucial to provide supportive materials and resources. These materials should assist the partner in the identification of social and legal determinants of poor health and enable the partner to advocate on the patient’s behalf. For example, Health Justice Policy students authored \textit{I:HEAL: An Overview of Laws Affecting the Health of Low-Income People (I-HEAL Guide)} for advocates and health providers.\textsuperscript{42} This comprehensive manual includes patient screening questions, the health nexus of various legal and social issues, and an overview of client rights and resources available in the community. The manual is updated by students and faculty annually, and is available online. In addition, students created a screening poster that is displayed in exam rooms, as well as a “Legal Check Up” Intake Questionnaire, among other documents. Other resources might include an MLP Phone Application, pneumonic devices, and detailed business cards.

\begin{itemize}
\item [\textsuperscript{38}] Advocating for Patients in Social Security Disability Cases Presentation PowerPoint (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab) (discussing the negative health outcomes that result from eviction, such as delays in recuperation and rehabilitation and increased stress and anxiety, and provides an overview of the eviction process, tenants’ rights during eviction, and identifying patients at risk).
\item [\textsuperscript{39}] Food Insecurity Presentation PowerPoint (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab) (discussing the relationship between food access and health outcomes, as well as the various food assistance programs available to patients, and including template documents and instructions for enrolling eligible patients in food assistance programs).
\item [\textsuperscript{40}] Medical Provider Training Materials (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab) (discussing the rate of referrals, number of providers making referrals, and issues experienced by patients, among other data points).
\item [\textsuperscript{41}] Celebrating Our Collaboration: Building for the Future Presentation PowerPoint (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab) (highlighting the successful outcomes of Health Justice Project, including select case outcomes that showcase interprofessional collaboration, statistics on the rate of referrals, number of providers making referrals, and issues experienced by patients, among other data points).
\item [\textsuperscript{42}] I-HEAL: An Overview of Laws Affect on the Health of Low-Income People (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).
\end{itemize}
C. MLP Mission, Funding Structure, and Management

A successful MLP requires thoughtful and deliberate consideration of the partnership mission, goals and management. MLP leadership must clearly define the mission and delineate each partner’s roles and responsibilities.

1. Developing a Mission Statement and Goals

Partners working together to develop the mission statement and goals for the MLP ensure that everyone understands the purpose of the interprofessional work and appreciates the overlap in the interests and unique contributions of each partner to the MLP. To develop a mission, partners should ask what problem they are trying to address, what the MLP is trying to accomplish, and why. Goals should give the mission direction and purpose by articulating expectations, challenges, and outcomes. The mission and goals must be established collectively and shared by all members of the MLP.

In collaboration with partners, faculty members involved in the Health Justice Project developed the mission and goals of the MLP. The mission of the Health Justice Project is to address poverty and achieve health justice through social, legal, and systemic solutions by:

- providing students of law, medicine, public health, and social work with an intensive, challenging education in the fundamentals of practice, effective problem-solving, leadership, and interprofessional collaboration;
- collaborating with other disciplines, community members, advocates, and stakeholders to employ a comprehensive approach to eliminate social determinants of health;
- shaping public policy to create health justice;
- providing highly effective, quality legal representation to low-income individuals to address health harming legal and social issues; and
- promoting best practices to achieve widespread social change.43

2. Determining the MLP Funding Structure

An MLP cannot function without secure funding sources and an agreed-upon funding structure. In the graduate school setting, the most successful MLPs have the support and investment of the university, graduate school leadership, and development offices. These MLPs have dedicated faculty—in full-time, salaried positions—administering and teaching in the MLP.44 These

faculty receive funding to attend continuing education trainings and conferences. Depending on the size of the MLP, student workers, administrators, and teaching fellows may be necessary and should be a part of the long-term hiring plans to allow for growth. In addition, the host graduate school or university must provide overhead, office space, and equipment, such as computers, legal manuals and desk references, case management systems, and office supplies, among other resources.

In addition, like MLPs in the community, the healthcare institution and legal agency must both commit to making a regular financial contribution and resources available to the MLP team. Necessary resources include the designation of a healthcare team director with protected time to access to supportive services, private space for on-site MLP activities, and overhead costs, among others.45

3. Logistics and Coordination

The organization of the MLP must allow for effective and frequent communication and transparency among partners. Communication measures must allow for the prevention of conflicts—and, when necessary, their resolution—and a focus on meeting the needs of patients and building capacity in the health setting. Other factors to consider include how referrals will be made and where partners will interact and meet with patients. Partners must also agree to the format and timing of trainings about health-harming legal and social issues. Finally, partners must take deliberate and constant measures to protect against liability, as well as ethical and confidentiality breaches. The method for addressing these considerations will vary in scope and structure, and will depend upon the needs and dynamics of each MLP.46 Generally, the mechanisms that fulfill the logistical components of a successful partnership include the following: (1) affiliation agreement; (2) structured referral system; (3) intake and assessment procedures; (4) provision of space and equipment; and (5) releases, retainers, and confidentiality agreements.

a. Affiliation Agreement

An affiliation agreement sets the parameters of the MLP and establishes a contractual relationship among partners. It also defines the responsibilities and liability of all parties. An affiliation agreement may appoint someone to serve as an MLP coordinator, include procedures for information sharing among parties, describe the role of students and volunteers, designate time during grand rounds for partner presentations, list insurance and indemnification provisions, and designate funding obligations, among other items. It may

45 Achieving Quality and Sustainability, supra note 13.
46 For a discussion of partnership management, organization, and coordination, see Benfer, supra note 15.
also explain the purpose and goals of the MLP. For example, the Affiliation Agreement between Loyola University and Erie Family Health Center includes a preamble, establishing the goals of the MLP followed by 26 sections that delineate the roles and responsibilities of each party.47

b. Referral System

The referral system designates how partners will: (1) introduce patients to MLP partners for assistance, and (2) communicate the health-related legal and social needs of patients to partners. Some MLPs may transmit patient information and referrals via email or facsimile or leave it up to the patient to contact the partner for assistance. Another approach is to directly integrate the partnership into the health provider’s electronic medical record (EMR) system and make referrals to “legal” in the same way a referral to a specialist—such as “oncology”—is made. Once a referral is made in the EMR, a “referral order” is generated and delivered to the appropriate partner.48

This latter approach to referrals has several advantages. First, because the EMR is used during every patient exam, the likelihood of identification of health-harming legal and social issues and subsequent referral for intervention increases.49 Second, integrating legal and social services referrals into the EMR allows for easier data collection that may be used to assess patterns in patient usage, patient needs, “hotspotter”—or frequent utilizer—neighborhoods, and provider participation in the MLP.50 It is also a powerful indicator of full integration of legal services into the healthcare setting and the importance of interprofessional collaboration to improve patient health outcomes.

c. Partnership Support for Intake and Assessment

Oftentimes, medical providers identify a legal or social determinant of health during a brief exam and have mere seconds to explain the MLP to an already overwhelmed patient. This means that the patient may have additional legal or social needs and that he or she may not have understood that the referral was to a legal or social work professional. A thorough intake and

47 Loyola University Chicago-School of Law Affiliation Agreement (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).

48 The referral order may include the following information: patient name (and name of guardian if patient is a minor or otherwise legally incompetent); patient’s contact information; patient’s preferred language; identification of the health-harming legal need, including any additional explanation or notes that the healthcare provider is authorized by the patient to provide; and the referring provider. See Sample Referral Order (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab). It is important to ensure that the referral does not contain any information protected by confidentiality and ethical rules. See Preserving Patient Rights and Confidentiality, infra § I(C)(2).

49 Benfer, supra note 15.

50 Id.
assessment of patient needs can ensure comprehensive identification of legal and social determinants of health affecting the patient. For the MLP to benefit the patients, all partners must be involved in this step in the service model. Medical partners can designate employees to facilitate intake and assessment, which the employee can do independently or together with a legal or social work partner. In addition, legal and social work partners can be “on call” for questions, and can offer trainings and resources to support this activity.

In the Health Justice Project, two full-time employees at Erie Family Health Center operate as Social Determinants of Health Specialists (SDH Specialists). SDH Specialists are thoroughly trained by legal and social work partners to conduct initial intake of patients referred by healthcare providers. The purpose of the initial intake is threefold: (1) to gather more information about the patient’s social and legal needs, including any information relevant to a statute of limitations or pending court actions, to identify the partner best suited to address the issue; (2) to explain the MLP to the patient; and (3) to ensure that the patient consents to legal and social work intervention prior to referral. SDH Specialists are also available to healthcare providers to answer questions and to strengthen the medical partner’s participation in the MLP.

d. Space and Equipment

An MLP should determine where partners meet with each other and patients, and whether partners will require space and equipment in each other’s offices. In making this determination, partners should consider geographic proximity of offices and modes of transportation, reimbursement policies, and the importance of on-site collaboration. In many cases, it is more convenient for the patient to have a choice of meeting locations, including the health clinic, the law school, or their own home. In addition to deciding whether partners will share space, the MLP must determine who will provide equipment necessary to serve patients, such as computers and internet access, storage space for patient files and materials, private meeting space to conduct confidential meetings, a telephone and fax machine, and a copier, among others.

e. Preserving Client Rights and Confidentiality

The interprofessional collaboration that makes an MLP so effective at mitigating the effects of social determinants of health on patient health outcomes also raises issues of client rights, confidentiality, and privacy. Lawyers and law students in MLPs must be aware of how their participation affects their obligation to maintain client confidentiality, safeguard attorney-client

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51 Id.
52 Id.
privilege, and protect privileged work product.\textsuperscript{53} Partners must also be cognizant of differences in professional reporting obligations and the effect on their work in the MLP.\textsuperscript{54} In addition, work of an MLP must comply with The Health Insurance Portability and Accountability Act of 1996 (HIPAA),\textsuperscript{55} which governs use and disclosure of protected health information.\textsuperscript{56}

It is incumbent upon partners to take deliberate steps to comply with professional obligations as well as statutory requirements to avoid liability and breach.\textsuperscript{57} This may include: training partners on rules and ethical policies; an agreement on emergency care in the event of injury; agreement on an information-sharing policy; up-to-date liability insurance, as well as accreditation and approvals required by pertinent regulatory agencies; an indemnification policy; and an agreement to not represent parties in actions directly adverse to another partner.\textsuperscript{58}


\textsuperscript{54} For example, unlike lawyers, doctors and social workers are mandatory reporters in many jurisdictions. \textit{Id.} at 126.


\textsuperscript{57} Sample forms developed by the Health Justice Project to ensure compliance with ethical obligations and statutory requirements under HIPAA are available in English and Spanish on the Health Justice Project website. Releases and Retainers (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab). The General Release authorizes a third party to release information to the Health Justice Project for the purpose of legal representation. \textit{Id.} The Authorization to Disclose Protected Health Information authorizes a health services provider to release protected health information to the Health Justice Project. \textit{Id.} The Attorney-Client Retainer Agreement designates the scope of the legal representation, as well as responsibilities of both the attorney and the client, and describes the MLP and the role of law students in the Health Justice Project. \textit{Id.} The MLP Confidentiality Agreement prevents students and volunteers from sharing any confidential information obtained in the course of their work in the Health Justice Project. \textit{Id.} The Authorization for Release of Personal Health Information for the Purpose of Referral Only authorizes a provider at Erie Family Health Center to release protected health information to the Health Justice Project for the purpose of legal and social work services. \textit{Id.} The Authorization for Release of Information to Erie Family Health Center Providers authors lawyers and social workers in the Health Justice Project to provide follow-up information to the referring health services provider about the outcome of legal or social intervention on the patient’s behalf. \textit{Id.}

\textsuperscript{58} Benfer, \textit{supra} note 15.

Additional measures to ensure compliance may include:
\begin{itemize}
  \item Asking patients to sign releases prior to a referral, the release of medical records, detailed “feedback loop” consultation reports, and other information;
  \item Providing the patient with the referral information;
  \item Assigning a coordinator to contact all referred patients after the referral but before transmission to a partner to confirm understanding of and agreement with the referral;
\end{itemize}
D. Ongoing Engagement and Team Building for MLP Sustainability

Ongoing partner engagement and teamwork are critical to the long-term viability of an MLP. Without deliberate sustainability measures, an MLP may atrophy. As discussed above, funding is foundational to sustainability. In addition, continued partner engagement and teambuilding are critical to the longevity and success of an MLP. Although precise sustainability methods will vary with the scope, size, and structure of an MLP, at a minimum, key elements of ongoing engagement include: (1) frequent communication among partners; (2) on-site collaboration; and (3) feedback and engagement measures.

1. Frequent Communication Among Partners

Regular communication allows partners to identify mechanisms to improve the development of dedicated and committed medical champions. Frequent communication surfaces and allows partners to address issues affecting partnership logistics and individual partner concerns; prevents the formation of barriers to service; and enables the needs of patient-clients to be met. The channels of communication should accommodate both immediate issues that arise, such as responding to a patient-client in crisis, as well as ongoing issues, such as evolving priorities of a partner or strategic partnership planning.

When developing communication practices, it is important to respect the demands on each partner’s time. For example, when collaborating with medical providers, the legal and social work teams should understand the amount of unscheduled time in a healthcare provider’s average workweek and how that will affect their form of participation in the partnership. Measures should be taken to make the participation as easy as possible.

Ideally, designated champions and faculty representing each discipline hold regular meetings to discuss the health of the partnership. These individuals communicate on a weekly and as needed basis to discuss referral processes and any pertinent issues. The meetings also provide a forum for discussing collaboration on a particular case or policy initiative. The frequent communication fuels investment in the partnership by each field and

- Providing partners with internal email accounts or using encrypted email systems to discuss or transmit confidential patient information;
- Adding confidentiality disclaimers to correspondence;
- Requiring participants and personnel involved in the partnership to sign a confidentiality agreement;
- Including details about the partnership and student involvement in any client retainer form;
- Redacting protected health information from all transmitted documents.

Id. at 245.

59 Morton et al., supra note 31, at 178.
60 Identifying & Engaging Committed Partners, supra § I(B).
61 Benfer, supra note 15.
helps provide holistic services to improve patient health outcomes. An MLP may elect to outline methods and frequency of communication in partnership logistic agreements, such as an affiliation agreement or memorandum of understanding.62

2. On-Site Collaboration

A successful MLP includes some facet of on-site collaboration.63 By working in the same physical location, partners increase the visibility of an MLP, cultivate new champions, and provide more effective services for patients. On-site collaboration may be achieved in different ways and the frequency with which partners are able to work at the same site will depend on the resources available in an MLP. The following examples of on-site collaboration promote teamwork and sustainability.

a. Interprofessional Team Presentations

Lawyers and social workers regularly present at grand rounds presentations for health services providers. As discussed above, the topics should be developed in conjunction with the needs of health services providers, thereby increasing the utility of presentations and communication between parties.

b. Interprofessional Case Rounds and Precepting

Health services providers participate in legal and/or social work case rounds, and legal partners participate in medical precepting64 to provide insight into the effects of a prospective client’s health condition.65

c. Office Hours and On-Site Client Meetings

Legal and social work partners integrate into the health field by staffing office hours on site. This is particularly effective if a healthcare provider uncovers a health-harming legal need during a patient exam that requires immediate assistance. In addition to or instead of office hours, legal and social work partners may use health partners’ space for scheduled meetings with patients.

62 Id.
63 See Starting Your Own Medical-Legal Partnership, supra note 2.
64 Precepting describes the exchange between a “preceptor,” “a practicing physician who gives personal instruction, training and supervision to a medical student or young physician,” and a medical resident. Preceptor, Merriam-Webster Medical Dictionary, http://www2.merriam-webster.com/cgi-bin/mwmedsamp (last visited Nov. 11, 2013).
65 For example, in one instance, a law student presented a prospective case that involved a landlord’s liability for a child’s injury on the property. The medical student present recently had authored a research paper on the very bone the child broke. The medical student’s expertise was instrumental in determining the next course of action on the client’s case. Interview with Allyson E. Gold, Supervising Attorney and Teaching Fellow, Health Justice Project (June 28, 2013) (discussing her work in the Spring of 2010 with the Health Law Partnership (HeLP) in Atlanta, Georgia).
3. Establish Feedback Systems Within the MLP

Whereas weekly or bi-weekly communication between coordinators will unearth issues and serve as a forum to discuss partnership maintenance, feedback loops provide referring providers with information about a particular case in a concise format. They also serve to alert non-referring providers of the patient’s involvement with the MLP. Feedback mechanisms employed by the Health Justice Project include legal and social work consultation reports, champion meetings, and partnership highlights.

a. Legal/Social Work Consultation Reports

Consultation reports give the referring health provider an update on the action taken by the legal or social work team to assist a patient. For example, in the Health Justice Project, a consultation report is sent anytime there is an action taken on a case. The report may notify the healthcare provider that the patient has been contacted, what action has been taken, and whether the legal or social work team is engaged in ongoing representation of the patient. These reports are uploaded as a note to the EMR, which requires the healthcare provider to read notes before taking any further action on the patient’s case. This ensures delivery of information, prompts the provider to speak with the patient about identified health-related legal and social issues, and creates a record of the action and health outcomes in the EMR. Because legal and social work partners can refer patients to one another, the consultation reports may also be sent to other members of the MLP team.

b. Champion Meetings

Champion meetings provide an opportunity to meet with a large group of providers at once to discuss the needs of the patient population. For example, the Health Justice Project periodically meets with individual referring providers at each of Erie Family Health Center locations to better understand the unique health-related legal and social issues affecting each patient population. For example, pediatric patients may require special education services, public benefits to supplement diet, and housing assistance to remove

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66 See Starting Your Own Medical-Legal Partnership, supra note 2.
67 For example, the feedback loop prevents a healthcare provider from assessing a symptomatic asthmatic patient as failing to comply with treatment. With an effective feedback system, the physician knows that the patient is working with a lawyer and social worker to restore utility services to the home, which will enable the patient to successfully use his nebulizer. See generally id.
69 The scope of information provided in a consultation report is governed by confidentiality and privacy rules. For more information, see Logistics and Coordination, supra § I(C)(2).
70 An additional benefit of creating a record of actions taken and health outcomes is that the information may be useful in future litigation.
poor conditions, whereas oncology patients may require medical insurance, food stamps, powers of attorney for end-of-life decision making, and Social Security Disability Income (SSDI) benefits. In addition to patient benefits, champion meetings afford an opportunity for the MLP to receive feedback on operation, communication processes, and logistical systems. Only by meeting with all partners can an MLP continue to evolve, increase efficacy, and improve patient health outcomes.

c. Partnership Highlights and Data Outcomes

Partnership highlights describe and elaborate on the successes achieved by an MLP. Sharing successes and information keeps all partners up-to-date on the achievements of the MLP, while also encouraging greater participation and engagement in the partnership. Highlights can be delivered in weekly e-mail blasts, advocacy materials, blog posts, outcome charts, or a newsletter, among other formats.71

d. Strategic Planning and Goal Setting

On at least a semi-annual basis, MLP directors and leadership meet to review outcomes and engage in strategic planning for the next cycle. There are a variety of strategic planning tools that an MLP may utilize to organize its objectives.72 The method employed by a particular MLP will vary depending on the style and scope of that partnership. At minimum, however, it is important to have a meeting to articulate the goals, implementation steps to achieve goals, and benchmarks to assess progress.

E. Data Collection

Collecting and sharing data points with partners is necessary to evaluate the utility of an MLP.73 MLP partners should work together to determine which data points an MLP will collect, as different disciplines may be interested in tracking specific information. At a minimum, data collection should measure the following aspects of MLP: (1) direct service, (2) healthcare system transformation, and (3) policy change.74

With regard to direct service, data collection might measure how many people the MLP is assisting and individual patient characteristics related to health. The MLP should also measure what internal improvements the MLP is making within the healthcare system, such as provider participation in the MLP, and training healthcare providers to identify and respond to unmet legal and social needs. Finally, the MLP should measure what policy changes the MLP is affecting and how many people benefit.

71 Health Justice Project Newsletters, supra note 7.
72 See generally Starting Your Own Medical-Legal Partnership, supra note 2.
73 Id. at 21.
74 Laura Gottlieb et al., Collecting and Applying Data on Social Determinants of Health in Health Care Settings, 173 JAMA INTERNAL MED. 1017, 1017 (2013).
Data may be stored and tracked on a case management system or through the EMR. Once the information is collected, a designated partner, such as a masters of public health student enrolled in the MLP course and under faculty supervision, should regularly analyze the data to assess patterns in patient usage and determine how the partnership can work more efficiently to address the needs of patients. This information may also be used to link improved patient outcomes to funding and sustainability, support a grant application to increase patient services, or to guide the development of new partnerships to serve patients’ evolving needs.

II. MLP IN THE GRADUATE SCHOOL SETTING

At the age of 18, John learned that he had a rare degenerative disorder of the cornea that would cause him to become blind by the time he turned 30. John was 31 when he was referred to the Health Justice Project after his nurse learned that John’s applications for SSDI had been denied. Every SSDI application he filed was denied because he could not afford an eye exam to prove his blindness. Through the joint advocacy of a law student and medical resident in the Health Justice Project, John received a free eye exam from Erie Family Health Center. The 20-minute exam, which would not have been possible without the MLP, proved that John was blind and resulted in a rare ruling from the bench, awarding John full benefits and back benefits. A social work student assisted John in obtaining additional benefits that would help him live independently.

As this case demonstrates, a thriving MLP that includes the foundational elements discussed in Part I meets the needs of patients and provides an unparalleled environment for IPE. The opportunities for student involvement, discussed herein, are endless.

This is especially the case when IPE is well supported by university and graduate school leadership and administrators. Institutional support can include the facilitation of introductions, promotion of interprofessional learning, cross listing of courses between graduate schools, and the provision of funding, staffing, and physical space.

### Endnotes


77 Morton et al., *supra* note 31, at 63-66.

78 Casto, *supra* note 75, at 100.
This type of backing allows faculty to overcome the silo effect between professions and creates an educational system that is geared toward a single-discipline approach. Although professional schools are not traditionally designed for collaborative endeavors, IPE is on the rise with specialized faculty working together to achieve student learning goals. Partnership and collaboration between graduate schools is an important step in shifting educational design from single subject to a more comprehensive approach to problem solving.

Ultimately, the success of IPE rests on the faculty, their commitment to the partnership, and their ability to model teamwork. Ideally, collaboration among faculty consists of the following elements: a “common purpose, separate professional contributions, and a process of cooperative joint thinking and communication.” Like their students, faculty engaged in IPE must be supportive of transforming the traditional approach to patients and clients. They must appreciate the expertise and perspective that each discipline brings to the partnership to address the complex societal issues they have committed to resolving. They must be willing to learn about their partners’ unique pedagogical approach and be sensitive to any constraints emanating from logistics or professional boundaries. The result of effective collaboration include extraordinary outcomes for the community and the students.

The goal of this section is to provide educators with the evidence to support interprofessional graduate education and to allow educators to conceptualize what an MLP in their own graduate school might look like. For that purpose, this section provides an overview of: (1) the importance of IPE for modern students; (2) how IPE fulfills common learning objectives; and

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79 Connolly, supra note 76, at 27; Wynne R. Waugaman, Professionalization and Socialization in Interprofessional Collaboration, in INTERPROFESSIONAL CARE, supra note 31, at 23, 28 (“[P]rofessionals are truly not taught within their own professions to work in teams with members of other disciplines.”); Benfer, supra note 15.


81 An interdisciplinary approach “does not blur the distinctiveness of each profession, but it does break through the extreme role specialization that fails to appreciate the kind of balance and integration that a holistic orientation requires.” Morton et al., supra note 31, at 177.

82 Faculty should demonstrate interdisciplinary competence by modeling how to work together as a team to understand each other’s roles and capabilities. Id. at 186.

83 Id. at 177 (citing Gary L. Harbaugh, Assumptions of Interprofessional Collaboration: Interrelatedness and Wholeness, in INTERPROFESSIONAL CARE, supra note 31, at 11, 20).

84 Challenges may include: “ethical differences between professions; [l]ogistics related to class schedules, availability, distance between schools and community partners; [a]ssumptions about institutions and practices among other professionals; [d]ifferent teaching objectives; [d]esign flaws; and [c]ommunity partners reluctant to work with students,” among others. Benfer, supra note 15, at 237 (discussing the differences in reporting obligations between attorneys and social workers); Heather A. Wydra, Keeping Secrets Within the Team: Maintaining Client Confidentiality While Offering Interdisciplinary Services to the Elderly Client, 62 FORDHAM L. REV. 1517, 1541-43 (1994) (discussing the effects of an interdisciplinary team on attorney-client privilege); Randye Retkin et al., Lawyers and Doctors Working Together—A Formidable Team, 20 HEALTH LAW 33, 33 (2007).
A. Importance of Interprofessional Education for Twenty-First Century Health Students

The ability to collaborate on an interprofessional team is of paramount importance for today’s students and graduates. Yet, students rarely learn about the societal context of the problem they seek to solve or how to identify partners who could assist them in approaching the issue in a holistic and expeditious way. The challenges that face our communities, today, are complex and multifaceted, and they cannot be resolved without also examining the legal, economic, social, historical, and political implications of the issues at hand. As a result, interprofessional competency is critical to a graduate’s ability to succeed in the workplace. Students will achieve success more consistently and quickly when engaged in the creative and effective problem solving that is only achievable through an interprofessional response. Collaboration across disciplines allows individuals the opportunity to transcend professional boundaries and disciplinary silos that limited earlier responses. IPE teaches students enough about each profession to know when to engage other disciplines in the response. Ultimately, IPE prepares students to become effective problem solvers who have the ability to bridge diverse concepts and engage in multi-dimensional analysis. Students gain greater diversity of thought, enhanced perspective, heightened awareness, experience in effective teamwork and collaboration, creative problem-solving skills, and leadership experience. In addition, students gain an appreciation and respect for the role of other professions in achieving their professional goals. Not

85 Morton et al., supra note 31, at 177.
86 Anita Weinberg & Carol Harding, Interdisciplinary Teaching and Collaboration in Higher Education: A Concept Whose Time Has Come, 14 WASH. U. J. L. & POL’Y 15, 26 (2004) (Without this interdisciplinary foundation, students will be unprepared to interact with other professionals, and confusion, delays, and poor outcomes will result.).
87 Elizabeth Tobin Tyler, Allies Not Adversaries: Teaching Collaboration to the Next Generation of Doctors and Lawyers to Address Social Inequality, 11 J. HEALTH CARE L. & POL’Y 249 (2008); see Laura R. Bronstein, Index of Interdisciplinary Collaboration, 26 SOC. WORK RES. 113, 114 (2002) (describing “[i]nterdependence,” “[n]ewly created professional activities,” and “[c]ollective ownership of goals” as necessary components to interprofessional collaboration”).
88 Retkin, supra note 84.
91 Morton et al., supra note 31, at 178.
92 Emily A. Benfer et al., Advancing Health Law & Social Justice in the Clinic, the Classroom and the Community, 21 LOY. U. ANNALS HEALTH L. 241, 249 (2011).
B. Pedagogical Foundations

MLP provides graduate students of law, medicine, public health, and social work with an unparalleled opportunity to achieve learning goals and professional competences. In the context of interprofessional team and group work, students embark on an intensive, challenging education in the fundamentals of practice, effective problem solving, leadership, and collaboration that complements the development of specialized trade skills.

MLP is an ideal vehicle for meeting common student learning goals in law school. Law students learn lawyering and policy skills by connecting theory and practice through direct client interaction and participation in the MLP. Students gain exposure to the range of laws that affect health, terminology and culture of healthcare, and delivery of legal services to overcome health disparities among low-income people.

The learning objectives for the law students complement those of the medical students and medical residents. Medical students and

94 Steven J. Hoffman et al., What Attracts Students to Interprofessional Education and Other Health Care Reform Initiatives?, 38 J. ALLIED HEALTH e-75, e-76 (2009).
95 For a description of learning goals, see Phillip G. Schrag, Constructing a Clinic, 3 CLINICAL L. REV. 175, 180-86 (1996). In the Health Justice Project at Loyola University Chicago School of Law, student learning goals include:

- Practice Traditional and “Preventative” Lawyering Skills in Context—The clinic gives students the opportunity to engage in experiential learning through direct client representation and to develop practical lawyering skills through the use of legal and non-legal remedies;
- Gain Experience in Exercising Leadership and Responsibility—Students assume and accept ultimate responsibility for matters of critical importance to individual clients;
- Work in Collaboration and Partnership—By partnering with each other and participating in the medical–legal community partnership, students learn the importance of interprofessional approaches and collaboration with individuals engaged in the practice of law, public policy, medicine, social work, public health, organizing, media, and epidemiology, among others;
- Enhanced Creative Problem Solving—Students practice innovative techniques by engaging in strategies that complement litigation, including interprofessional problem solving, targeted policy development, working with the media, and client empowerment;
- Lay the Foundation for Lifelong Learning—Students enhance self-awareness and cross cultural competences, learn to think independently and to examine their own learning processes while experimenting with multiple techniques and approaches in order to find the ones that work best for them.
- Embrace Social Justice, Service and Values: Students gain firsthand knowledge of social and legal disparities in low-income and minority communities, and the impact lawyers and other partners can have on access to health and justice in these areas. In the process, students discover the importance of public interest service and collaboration in all areas of their profession. Student Learning Goals (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).

96 The Health Justice Project partners with Northwestern Family Medicine Residency Program and Loyola University Chicago Stritch School of Medicine. Medical students participate on teams with
residents engaged in an MLP meet multiple Accreditation Council for Graduate Medical Education Milestones and Core Competencies, including patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, advocacy, and systems-based practice.97

In addition to the skills developed through interprofessional collaboration, social work students achieve learning objectives that include experience in direct service, psychosocial assessment of patients, patient consultation, linking patients to community resources, evaluating the social services available in the community, and developing resources.98

Finally, public health students involved in the MLP practice core public health functions. They assess the problem using differing methodologies, identify the health parameters of importance, develop strategies to address the problem, create assurances, and implement and evaluate the work of the partnership.99

C. Student Activities and Competencies

The MLP provides rich opportunities for student involvement and participation. Drawn from the Health Justice Project, this section provides an overview of activities that allow students to develop important skills and meet professional competences that are relevant to each of the MLP disciplines. These examples are fluid in nature and may be modified to adapt to the unique characteristics of the graduate school or host community. Possible student activities include: (1) patient interaction, (2) interprofessional collaboration, (3) health policy and advocacy, and (4) self-evaluation and reflection. Through participation in these activities and with appropriate faculty guidance and supervision, students can achieve multiple professional competences.

law and social work students to meet the needs of patients and develop policy work. The residency program faculty designed an MLP curriculum aimed at overcoming social determinants of health through an interprofessional partnership. The learning objectives include: (1) work within an interprofessional team and demonstration of professional behavior throughout the MLP curriculum; (2) ability to successfully assess patients’ needs by screening for unmet social needs, and referring patients to an appropriate resource; and (3) ability to describe the ways in which social determinants of health present in patients. For a detailed description of the residency component of the MLP, see Elizabeth Tobin Tyler et al., Medical-Legal Partnership in Medical Education: Pathways and Opportunities, 35 J. LEGAL MED. 149-77 (2014). For a discussion of interdisciplinary collaboration in the medical profession, see Morton et al., supra note 31, at 180.

98 What We Do, Health Justice Project, http://www.luc.edu/law/centers/healthlaw/hjp/what.html (last visited Sept. 14, 2013). In the Health Justice Project, master’s and doctoral students of social work are on site at the law school clinic and the health center. They collaborate with the law students to provide services to clients that do not rise to the level of needing legal intervention. See Law School Clinic, Health Justice Project, http://www.luc.edu/law/centers/healthlaw/hjp/clinic.html (last visited, Nov. 9, 2013).
99 Masters of public health students involved in the Health Justice Project complete their practicum on site and participate on interprofessional teams in the Health Justice Policy experiential course. Health Justice Policy Course Description (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).
1. Foundational Competencies for Patient Interaction

Students engaged in an MLP will interact with patients throughout their experience. Law and social work students may serve as client advocates who interview the client to identify and assess legal or social issues, and then provide appropriate referrals and resources.\textsuperscript{100} Law students who are eligible for a student practice license may represent patients to address a variety of legal issues at the root of poor health.\textsuperscript{101} Public health and medical students may conduct a needs assessment\textsuperscript{102} and survey patients.\textsuperscript{103} Interprofessional teams of students may give “know your rights” presentations to patients.\textsuperscript{104} These activities provide rich opportunities to master multiple professional skills, including: (1) cross-cultural competence, (2) professional responsibility and confidentiality, (3) interviewing, (4) advice and referral, (5) representation, and (6) communication.

a. Cross-Cultural Competence

The process of working with patients on an ongoing basis can be challenging and requires sensitivity and tact.\textsuperscript{105} Patients may have very different backgrounds from students, and working with patients requires respect for and sensitivity to those differences. Students participating in an MLP learn firsthand about the influence of culture inherent in the provider-patient and attorney-client relationships.\textsuperscript{106} They also examine the culture of varying disciplines and the role of culture between specialized disciplines in an interprofessional collaboration.

Similarly, to meet patient needs, students must perfect cross-cultural competence. This requires confronting their assumptions about clients and cultures different from their own.\textsuperscript{107} Students who achieve cross-cultural competence are better able to understand the needs of their patients and to respond

\textsuperscript{100} Introduction to Health Justice Course Description (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).

\textsuperscript{101} Health Justice Project Course Description (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).

\textsuperscript{102} See generally David Keller et al., supra note 27.

\textsuperscript{103} Health Justice Policy Course Description, supra note 99.

\textsuperscript{104} Health Justice Project Course Description, supra note 101.

\textsuperscript{105} See Jane Aiken & Stephen Wizner, Law as Social Work, 11 Wash. U. J.L. & Pol’y 63, 64 (2003); Wizner & Aiken, supra note 89, at 1003.


appropriately. In reflecting on his attainment of cross-cultural competence, a dual law and medical degree student wrote:

I’m at the end of my first week back on the inpatient service, and with each patient that I see, I am surprised by how much better I’ve become at connecting with them, listening to their problems, and responding with true empathy (my own way). There’s such a stark difference between the way I engaged patients in the past and the way I do today, and I owe a lot of that to lessons I learned last semester. I can already see that I’m a better doctor-to-be because of the experience I had with the Health Justice Project.108

b. Professional Responsibility and Maintaining Confidentiality

The success of an MLP depends upon each partner’s ability to abide by professional standards. As such, students are held to a high standard of professionalism. Students learn to set aside biases and fulfill their professional obligation to represent their clients’ interests and not their own. Students must demonstrate dependability and timeliness, self-sufficiency, initiative, and helpfulness.109 Professional responsibility in the MLP setting also requires effective professional collaboration. Students also learn the intricate details of maintaining client confidentiality in a partnership that involves multiple disciplines and how to abide by their professional responsibility obligations.110 As such, students must adhere to the professional responsibility standards and rules of their own profession.111 This may require the identification of any ethical issues and creative approaches to overcome them. Finally, it requires that students demonstrate zealous advocacy in the best interests of the client.

c. Diagnosing the Issue and Case Development: The SOAP Note

The resolution of health issues requires both medical and legal fields accurately diagnose the problem, collect the relevant facts, and develop a course of action to resolve the issue. In the medical field, students must complete a “SOAP Note” or describe their subjective and objective observations, assessment, and plan.112 Similarly, law and social work students must collect subjective and objective information, conduct an analysis of relevant laws or social systems, and develop and proceed with a plan. These activities require students to become good listeners and adept interviewers who pay attention

108 The quote is attributed to Dr. Bryant Cameron Webb, who received his Juris Doctor from Loyola University Chicago School of Law in 2012 and his Doctor of Medicine from Wake Forest University in 2013.

109 Student Competences and Skills Charts (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).

110 Preserving Client Rights and Confidentiality, supra § I(C)(3).

111 Id.

to all of the facts—spoken and observed. Students are challenged to stay neutral and aware of their assumptions and those of others. Students also practice research, analysis, and multi-dimensional issue spotting. This results in the generation of possible solutions and a plan of action.

d. Advice, Referral, Brief Advocacy, and Representation

Because an MLP is preventative in nature, many health-harming legal and social issues can be resolved through advice and referral, or brief advocacy. This activity requires an understanding of social services and resources in the community, as well as knowledge of the patient’s rights and legal entitlements. Students may be expected to engage in community resource mapping or to share resources from their respective fields. This is also an opportunity for students to interact with professionals in the community and to learn more about the fields they will be entering.

In the event that a client’s issue is not resolved by advice, referral, or brief advocacy, law students may have the opportunity to represent a client in a variety of cases. In the law school clinical setting, students are responsible for taking “driver’s seat” responsibility for their case. This means that they are required to identify and assess legal issues, identify and research the relevant and appropriate areas of law, create a case plan, and carry it out to advocate on behalf of the client. Representation also requires understanding clients’ concerns and ensuring they feel heard. It requires treating clients with patience and respect, handling sensitive matters delicately, and, at times, involving the client in decision-making.

e. Written Materials and Communication

By necessity, participants in an MLP must excel at communication. This requires writing in a clear, simple, persuasive, and professional manner. Students must also know their audience and alter their writing style accordingly. Students may be exposed to multiple forms of writing, including correspondence, presentations, case memos, legal memos, consultation reports, briefs, advocacy documents, client materials, and educational materials, among other documents. In addition, students must be able to present materials to or on behalf of patients effectively. Students must also learn their own communication style and when to shift it to meet the listener’s needs.

113 See Ahmad et al., supra note 107; see Benfer & Shanahan, supra note 106.
114 Bryant, supra note 106.
117 Bryant, supra note 106, at 65.
118 See Wizner & Aiken, supra note 89.
2. Development of Interprofessional Collaboration Skills

The MLP model presents multiple opportunities for students to engage in interprofessional collaboration and teamwork. Learning may take place in a cross-listed survey course on access to health or health disparities in which students learn about social determinants of health and, specifically, health-harming legal and social issues. In the experiential learning context, students may participate in single or multi-disciplinary case rounds in which they discuss their approach to the health-harming legal or social issues identified by medical partners. In addition, interprofessional teams of students might develop trainings or be trained on the social determinants of health affecting patients. Faculty may also pair students of different disciplines to provide holistic services to individual patients. Finally, students might participate in discrete aspects of the medical profession, such as precepting.\(^{119}\)

a. Access to Health: Training in Health-Harming Legal and Social Issues

To actively participate in the MLP, it is paramount that students understand the social underpinnings of health disparities. This may be accomplished in multiple formats from impromptu debriefing after meeting with a patient to formal lectures.

There are multiple models of survey courses and textbooks, including one dedicated to MLP offerings.\(^{120}\) The Health Justice Project faculty teach an elective course, Access to Health, for first-, second-, and third-year law students, medical students, public health students, and social work students.\(^{121}\) The course explores the legal, political, environmental, social, financial, and medical issues surrounding access to health in the United States and internationally. The course is an ideal way to introduce students to the legal and social determinants of health, as well as to the MLP concept.\(^{122}\)

This course is complemented by an “Access to Health” field study to a region in the United States or abroad with unique health needs, during which students directly interact with local providers, advocates, and patients to learn about a different community’s response to the barriers to access to

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119 See Preceptor, supra note 64.
120 See generally Poverty, Health and Law: Readings and Cases for Medical-Legal Partnership (Elizabeth Tobin Tyler et al. eds., 2011).
122 Students can be expected to gain the following competences: be knowledgeable about the root causes associated with inadequate access to health; understand how various populations are affected by barriers to health; understand and be able to evaluate laws intended to provide access to health; understand federal health care reform’s abilities and limitations with regard to increasing access to health; understand the connection among access to health, poverty, and the ability to thrive; understand the importance of interprofessional collaboration in response to social issues, especially access to health; and be able to think strategically about solutions to the access to health gap. Id.
The practicum gives students real-world experience and allows them to examine the links between disease, an individual’s economic status, and environment.

Students enrolled in an MLP clinic who represent patients in matters of grave importance are also exposed to access to health issues. In many cases, the realities of poverty and poor health are unknown to students prior to their participation in an MLP. Clinical faculty members and supervisors are critical to the students’ ability to: (1) process and assess the information they are gathering, and (2) value the role of their medical, legal, public health, and social work teammates in the response to the issue. Oftentimes, participation in the MLP is a pivotal experience for students. In the words of a law student: “I am still amazed at the tremendous personal and professional growth I experience on a daily basis as a result of my involvement with [the Health Justice Project]. The entire year has been a deeply profound and life-changing experience.”

**b. Case Rounds**

An MLP is an ideal conduit for interprofessional discussions about individual patients and patterns among patients. In the Health Justice Project, students participate in interprofessional “case rounds.” During case rounds, students discuss all cases being handled by students in the Health Justice Project. Students engage in a group discussion regarding the status of each case, and the specific legal, social, medical, ethical, and other issues that arise during the course of treatment and representation. Because no two cases are alike, these discussions give students an opportunity to learn from the issues arising out of the entire clinic caseload and the perspectives of another profession on the patient’s needs. Case rounds are also an opportunity for the group to collaborate to resolve patient or ethical issues, or to participate in simulations of activities that arise out of ongoing clinic cases. These discussions are an ideal opportunity to address the ethical obligations of each profession and ways to fulfill them in an interprofessional team.

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123 For example, in 2013, students in the Access to Health Field Study visited Tallahassee, Florida. Professor Wendi Adelson, the Director of the Human Rights and Immigration Law Project, an MLP at Florida State University School of Law, hosted the law students. Students studied access to health issues unique to Florida’s immigrant population, elderly, and survivors of human rights violations. For example, students toured a federally qualified health center, a behavioral health clinic, a community health clinic, and a nursing home to understand how factors, such as funding and geographic location, affect access to health. Students also met with local advocates to learn about barriers to health experienced by survivors of intimate partner violence and human trafficking. See Wendi Adelson, Fl. St. U., http://www.law.fsu.edu/faculty/wadelson.html (last visited Nov. 11, 2013).

124 This quote is attributed to Ilissa Lazar, who received her Juris Doctor from Loyola University Chicago School of Law in 2012.

125 See Logistics & Coordination, supra § I(C)(3) (discussing ethical obligations and preserving confidentiality).
c. Presentations to Health Providers

Law students are responsible to share their legal perspective and to further the education of health providers on the social determinants of health. Students may present in single or multi-disciplinary teams and give at least one presentation to providers during the course of the semester. The goals of provider presentations are to train the provider to: (1) identify legal and social issues that harm a patient’s health, (2) respond with appropriate advocacy, and (3) make referrals to the Health Justice Project. These trainings help the students appreciate their partner’s profession because they must understand the needs of the audience and, to achieve “buy in,” must tailor their presentation accordingly. This requires using a presentation style familiar to the audience, drafting handouts that will assist the audience, and selecting relevant topics for presentation. In addition, students gain practical presentation skills that immediately translate to their practice.

d. Multidisciplinary Partners and Group Work

Students involved in an MLP work together in a variety of ways. First, students may be assigned to interprofessional teams that confer regularly to discuss any case, whether or not it is the team member’s patient, or to ask specific questions about health impairments. This is an ideal approach for the Millennial student, who is accustomed to working in teams and is more comfortable with peers. The student is more likely to ask questions of a peer than a professional working in the MLP. Second, students of each profession may be “on call” to answer questions from other participants for a certain amount of time each week. Finally, students may be assigned to work together to address the needs of a specific patient.

In the Health Justice Project clinic, law and social work students are paired with a member of the Loyola University Chicago School of Medicine or Northwestern McGaw Family Practice Residency. The goal is to provide the resident or medical student with knowledge of the unmet social needs of patients and to help the resident or medical student issue spot. In turn, the

126 Engaging & Training New Partners, supra § I(B)(2).
127 See Interdisciplinary Health Advocacy Student Competences and Skills Chart (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab) (Competencies include drafting, verbal and analytical competencies, the ability to clearly explain their purpose, and communicate effectively and concisely, as well as engage with their audience by listening to reactions and tailoring responses to meet concerns. They also practice working in a professional environment by improving their presentations based on feedback from supervisors and colleagues on drafts and practice presentations).
128 Benfer & Shanahan, supra note 106.
129 Interdisciplinary Health Advocacy Course Description (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).
resident or medical student is available to answer any medical questions law
or social work students may have about a client’s case, such as how to interpret
the medical record in a disability appeal. In the Health Justice Project policy
course, students work on discrete policy issues on assigned interprofessional
teams.130 Both opportunities allow students to learn about the larger societal
problems and the creative strategies for overcoming them.

e. Precepting and Didactics

Social work and law students have an opportunity to participate in
“precepting”131 at the health partner site to better integrate into the healthcare
team, to learn about the healthcare delivery system, and to provide in-service
training to medical partners on the identification of health-harming legal and
social issues. During precepting, students discuss patients with residents after
observing the residents as they report their case findings to the attending physi-
cian. Law and social work students may elect to ask the residents questions and
provide feedback about appropriately screening for the social determinants
of health. During didactics,132 residents learn about resources in the commu-
nity and public health issues related to their work. In addition to presenting,
students may attend didactic sessions that are unrelated to the MLP and the
identification of health-related legal and social issues.

3. Developing Competencies in Health Advocacy and Policy

The development of policy to address the root causes of poor health
among patients is a crucial component of any MLP.133 Because effective policy
is preventative in nature and involves the input of multiple disciplines, it is
an ideal complement to the interprofessional and wide-reaching nature of an
MLP. Students of law, medicine, public health, and social work who enroll
in the Health Justice Project policy course:134 identify deficiencies in the law
and public policy and ways to correct them; learn to engage in strategies
that complement litigation, including targeted policy development, working
with the media and client empowerment; and create and/or make thoughtful,
deliberate contributions to policy development.

Student competences in the policy setting135 include the ability to assess
the problem and identify the health parameters of importance, research and
analyze the issue, and identify the relevant research and authorities. Students
then apply the research and develop strategies to address the problem, while

130 Health Justice Policy Course Description, supra note 99.
131 See Preceptor, supra note 64.
132 See Didactics, supra note 34.
medical-legalpartnership.org/model/core-components (last visited Nov. 9, 2013).
134 Health Justice Policy Course Description, supra note 99.
135 Student Competences and Skills Charts, supra note 109.
considering types of policy that would be most effective, and while assessing stakeholder and leadership concerns and motivations. Students subsequently draft policy materials, and effectively and persuasively communicate and present them in multiple formats and forums. Finally, students engage in interprofessional collaboration by identifying other disciplines that could contribute to policy development and by working effectively with team members from other disciplines.

In the graduate school MLP, policy work can take multiple forms. Policy advocacy may be necessary to meet the needs of a single patient where legal or social intervention was unsuccessful. It may be locally based in response to patterns that emerge from patient representation or in support of local coalitions whose work affects the patients of the MLP. Finally, it may be in support of a national effort to address a health-harming legal or social issue. In each of these approaches, interprofessional teams of students develop policy approaches to increase access to health for low-income individuals. They may engage in multiple activities, including research and analysis, legislative drafting, stakeholder analysis, development of advocacy materials, statistical analysis, consumer surveys, coalition building, testimony drafting, and other creative approaches to problem solving.\textsuperscript{136}

\textsuperscript{136} Students have engaged in the following policy work: Development of Advocacy Materials, Legal Strategy Guides, Preparing Testimony or Comments to Government Rulemaking and Strategies, Community and Health Impact Assessments, Policy and Guidance Development, and Creating Political Will.

\textit{Development of Advocacy Materials.} Examples of advocacy materials include Issue Briefs, Manuals, “Know Your Rights” Documents, and “Leave Behind” documents. Effective policy advocacy requires effective materials that can be distributed to stakeholders, policy makers, and collaborators. Students conduct the research and develop “one-pager” and “leave-behind” documents, among other effective resources. Students can research and author issue briefs to support legislative campaigns. In addition, students can develop manuals, like I-HEAL, to support providers engaged in direct advocacy. See \textit{I-HEAL Guide, Health Justice Project} (2013), http://www.luc.edu/media/lucedu/law/centers/healthlaw/pdfs/iheal.pdf.

\textit{Legal Strategy Guides.} While representing the National Coalition for the Homeless, Health Justice Policy students researched and created the “Criminalization of Homelessness: Legal Strategy Guides” to educate individuals and advocates about the legality of laws that criminalize homelessness and perpetuate poor health among the homeless population. The guides focus on discrete laws and assist advocates in identifying ordinances in their locality that may be susceptible to legal challenges. The National Coalition for the Homeless distributed these guides to advocates across the country. See Criminalization of Homelessness: Legal Strategy Guides (unpublished manuscript on file with author) (available at http://luc.edu/healthjustice, Additional Resources for Advocates, Clients and Graduate Schools tab).

\textit{Preparing Testimony or Comments to Government Rulemaking and Strategies.} Students may support the development of testimony or assist partners in preparing to testify in support of policy development. In addition, students may submit comments to government policies and rulemaking that address social determinants of health. Health Justice Project students submitted comments to the Health and Human Services’ and U.S. Department of Housing and Urban Development’s Environmental Justice Strategies.

\textit{Community and Health Impact Assessments.} Community and Health Impact Assessments provide the evidence necessary to support public policy development. Public health and law students assisted the
4. Self-Evaluation and Reflection

Self-evaluation and reflection are two of the most important skills in the development of students who are life-long learners and critical thinkers. Frequently, taking the time to analyze and critique individual performance allows students of all professions to improve their technique and expand their skill set. At the outset, students thrive by articulating personal goals for the semester and implementing strategies for meeting those goals. Giving students formal opportunities to reflect and evaluate themselves in a non-judgmental way throughout the semester supports their growth and continued investment in their learning experience. It also helps with the development of critical thinking and problem-solving abilities. There are multiple resources available on incorporating self-evaluation into the learning environment, as well as supervising students in the clinical setting.

In addition, self-reflection is critical to a student’s ability to gain insight into his or her experience and apply that knowledge. All students in the

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National Center for Medical Legal Partnership and Citizens’ Utility Board in conducting a health impact assessment of ComEd’s Smart Grid program. Students developed materials to assess the unmet needs of individuals and families who are homeless within a community. After obtaining Institutional Review Board approval, students designed two community surveys for the National Coalition for the Homeless. The surveys are directed at individuals and families experiencing homelessness and the organizations that work with them. See Megan Sandel et al., *The Health Impact Assessment of the Commonwealth Edison Advanced Metering Infrastructure Deployment*, HEALTH IMPACT PROJECT (2012), http://www.healthimpactproject.org/resources/body/HIA-of-AMI.pdf.

Policy and Guidance Development. After identifying a pattern in the Chicago Public Schools’ mistreatment of pregnant and parenting teenage patients, law and social work students developed a uniform policy to provide for the rights and responsibilities of pregnant and parenting students. The students presented the proposal to Chicago Public Schools General Counsel and Chicago Board of Education. After the presentation, the number of patients complaining of mistreatment dramatically declined.

Creating Political Will. The Health Justice Project has generated New York Times and Chicago Tribune coverage on issues that affect the health of low-income individuals, including homelessness and hunger. For example, after uncovering a gap in policy that prevented a patient from accessing shelter or housing, students determined to use the media to draw attention to the issue. After the New York Times published an article on the patient, she and her family were admitted to a shelter. In addition, the exposure to the issue added to the creation of political will necessary to respond on a larger scale. All clinic students also may be involved in local public policy campaigns that affect our clients as they arise. See Meribah Knight, *Homeless Families in Illinois Walking a Hard Road*, N.Y. TIMES (Dec. 10, 2011), http://www.nytimes.com/2011/12/11/us/homeless-families-walking-a-hard-road.html?pagewanted=all&. 


139 Shailini Jandial George, *Teaching the Smartphone Generation: How Cognitive Science Can Improve Learning in Law School*, SUFFOLK U. L. SCH. LEG. RES. PAPER 29 (Apr. 5, 2013) (“Self-assessment also plays an important role in the learning process. Self-assessment requires students to be aware of their learning and monitor it to make adjustments. It also forces students to consider metacognition as it
MLP should regularly submit reflections or assessments of the critical experiences they have. The tool allows students to practice: (1) identifying the factors that are the possible causes, influences, and contexts for a given situation; (2) identifying potential strategies for action; and (3) making a choice among strategies and acting. The process allows students to grow from “disorienting moments” and expand their worldview, as opposed to reinforcing stereotypes.\(^\text{140}\)

### III. HEALTH JUSTICE PROJECT OUTCOMES

In addition to being an ideal setting for interprofessional graduate education, an MLP in the graduate school setting can achieve extraordinary outcomes for both patients and students.

Between January of 2010 and April of 2013, 106 students of law, medicine, social work, and public health participated in the Health Justice Project. These students collaborated with diverse partners to address the health-related legal and social issues for more than 1,200 patients.\(^\text{141}\) As a result, students obtained more than $600,000 in medical debt forgiveness for patients and $550,000 in Medicaid reimbursement to Erie Family Health Center. Under the supervision of attorneys, students worked on 149 disability-related cases and appealed improper disability benefit denials by the Social Security Administration, resulting in a 100% success rate in all cases with an appealable issue and nearly $200,000 in disability benefits. Students also worked on 205 housing cases. In eviction court, the Health Justice Project

\[^{140}\text{Bryant, supra note 106.}\]

The reflection helps students to identify “disorienting moments” by first describing the activity that may have surprised the student or an event that did not happen as expected. Once the student has identified the “who, what, when, where, and how” with specificity, the student should discuss their thoughts and any questions they had during the moment described. Then, the student should discuss anything that surprised him, any deviation from his expectations, and any feelings experienced during the activity or moment and why. The student should be asked: what made the moment disorienting? For example, what about the student’s own experience led him to expect something different than what happened and what were his assumptions? The student should be encouraged to juxtapose their assumptions against the lived experiences of the other participants. Finally, the student should discuss how she might apply the lessons from the experience. This critical reflection exercise coaches the millennial student through reflection and provides the student with a framework for future reflection.

\[^{141}\text{Between January and December of 2011, the clinic handled 460 cases; between January and December of 2012, the clinic handled 559 cases; and between January of 2012 and April of 2013, the clinic handled 193 cases. This is approximately 3% of Erie’s 40,000 patients.}\]
reduced patients’ housing expenses by more than $38,000. These patient victories illustrate the power of interprofessional collaboration in an MLP.

The Health Justice Project has trained in excess of 200 health professionals, including nurses, doctors, and physician assistants, in the identification of legal and social determinants of health. The Health Justice Project provides support to the 102 Erie Family Health Center physicians who self-identify themselves as medical champions. The presence of the MLP at Erie Family Health Center resulted in the development of a residency program curriculum centered on MLP competences.142

Health Justice Project alumni have received prestigious post-graduate residencies and fellowships from Equal Justice Works and the Fulbright Foundation. Other graduates have set the goal of founding an MLP in another city. Others, still, populate health practice groups of law offices and non-profit organizations. No matter where they are, Health Justice Project alumni value their time on the frontlines of interprofessional collaboration to improve the access to health.

CONCLUSION

An MLP is an ideal setting for interprofessional teaching between the fields of law, medicine, public health, and social work. With the necessary foundational elements satisfied, an MLP in the graduate school setting yields extraordinary outcomes for patients, interprofessional partners, and student participants. An MLP allows educators to infuse their teaching with the values and traits they expect the new generations of health leaders to embrace. Students who participate in the interprofessional MLP are well practiced in multifaceted problem solving, creative solutions, and teamwork. As a result, the next generations of health leaders will be well prepared to confront the root causes of legal and social determinants of health among low-income communities.

142 See Benfer, supra note 15, at 246.