ON A THURSDAY EVENING in December 2010, two dozen medicine, nursing and pharmacy students decided to meet up. Their destination is less than obvious, though. They aren’t hunkering down behind library stacks or studying in a coffee shop nook or celebrating another semester closer to graduation. Rather, they’re staffing MedZou, a student-run clinic that provides free care for uninsured Boone County residents.

Since opening in October 2008, MedZou volunteers have served more than 400 patients. David Atashroo, BS’06, MD ‘10, of Lexington, Ky., pushed for a student clinic after he and his classmates found that 53 percent of Columbia’s emergency room patients had difficulties obtaining medical care, largely because of costs. Also, the city’s Family Health Center, which serves low-income families, had a four-month waiting list.

MedZou helps bridge the gap by providing primary care to about 10 to 15 patients each Thursday. Although licensed physicians advise volunteers and provide final diagnoses, students take care of everything else. Each year, four first-year medical students take the lead as clinic directors. They handle the scheduling, finances, volunteers, fund-raising and community partnerships.

“I have learned so much about the health care system that I would not have been exposed to at a typical clinic,” says Whitney Beck, BS, BA ’07, of Ballwin, Mo., who was serving as a clinic co-director in December.

Before appointments begin at 5 p.m., students convert donated space in the Central Missouri Community Action facility, 800 N. Providence Road, into a makeshift clinic. Hallways become patient waiting areas. Storage closets morph into exam rooms. A printer sits atop a mini-fridge, and a paper MedZou sign is taped to the reception desk.

In the hall, James Shells waits patiently. A St. Louis native, he worked for the Salvation Army in Newton, Iowa, before he “fell down on his luck” and returned to old drinking habits. In August 2010, he moved to Columbia to enroll in Phoenix Programs, a substance-abuse recovery facility. After treatment, Shells found himself unemployed and uninsured in an unfamiliar city.

From his backpack, he pulls out an issue of Preaching Magazine, which helps him pass the time; on average, patients spend two hours at MedZou. But Shells knows the drill and doesn’t mind the wait. He speaks with a pharmacy student about the medication he’s taking. Two medical students interview him about his medical history and conduct his physical examination. The students meet privately with a physician and propose a diagnosis and treatment plan. The physician makes the final decisions, and together they meet with Shells. It’s a lot of shuffling, but Shells thinks MedZou sets itself apart by offering compassionate care.

“When people show you love, that makes a difference,” he says. “When people herd you in like cattle …” His voice trails.

Each week, MedZou relies on volunteers in medicine, health professions, pharmacy, nursing and social work. They counsel patients on healthy lifestyle choices and connect them with community resources and organizations.

On an earlier visit, Shells adamantly refused to talk to a social worker. Then in December, realizing he can’t do it alone, he brings a wish list to discuss with a MedZou volunteer: a coat and warm winter clothing, an eye exam, an affordable dentist. “Until I get my things together, I plan to keep coming to MedZou,” Shells says. “They care about people, or they wouldn’t be here. They still treat us top of the line, as if we are somebody.”
Problem-based curriculum becomes model for others

TO DECREASE THE ODDS of airplane fatalities, pilots undergo simulation training in which they work through various flight glitches and emergencies. It’s a don’t-crash course in problem solving and communication skills before ever leaving the ground.

In 1993, the University of Missouri School of Medicine became one of the first to start training all of its aspiring doctors in a similar manner. Rather than only memorizing concepts, students use their research skills to solve mock clinical cases based on real patients. Instead of sitting through two years of lectures before ever seeing patients, they learn basic patient-care skills and shadow local physicians. Since the curriculum’s restructuring, MU medical students have seen their national licensing exam scores rise to more than 10 points above the national average.

More than a decade after its inception, the medical school’s problem-based learning (PBL) curriculum has become a model. The University of North Dakota has adopted it, and all of Taiwan’s medical schools instituted a similar PBL curriculum after National Yang-Ming University officials visited Mizzou and took the idea back to Taiwan. “In this case-based curriculum, students can make mistakes, go in the wrong direction, misdiagnose a patient, and it’s not going to hurt anybody,” says Michael Hosokawa, the professor of family and community medicine who led MU’s curriculum overhaul. “Previously, students were masters of knowledge. The doctor of the future will have to manage resources and know where to find the information when they need it.”