

Beyond the classroom: lessons in empathy and accessibility as a student clinician serving Calgary's vulnerable populations Au-delà de la salle de classe : leçons d'empathie et d'accessibilité en tant qu'étudiant clinicien au service des populations vulnérables de Calgary

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When night falls in downtown Calgary, the Mustard Seed Wellness Centre opens its doors and provides care long after other clinics have closed. While the Student Run Clinic (SRC) operates out of three locations—The Mustard Seed, Inn from the Cold, and the YWCA Calgary—my experience primarily stems from volunteering at the Mustard Seed, a setting that exemplifies the challenges and rewards of providing healthcare to vulnerable populations. The Mustard Seed, founded in 1984, is a Christian non-profit supporting individuals facing homelessness and poverty.¹ It provides essential services, housing, health care, and community support, fostering hope and independence.

The SRC, a non-profit organization dedicated to providing accessible and quality medical care to Calgary's inner-city population, operates within the Mustard Seed in Calgary.² The Calgary SRC is a team of medical students and physicians that provide after-hours care for individuals encountering homelessness and financial hardship.² The SRC provides inclusive care to all patients, reflecting the Mustard Seed's commitment to the Alberta Human Rights Act. The Mustard Seed prides itself on welcoming individuals of all faiths, backgrounds, and identities to access its services without discrimination. While the Mustard Seed is a Christian non-profit, the SRC supports individuals of all religions, faiths, and spiritual beliefs, offering optional holistic care that includes spiritual support to ensure every patient receives compassionate and respectful care tailored to their unique needs.

Since January 2024, I have been volunteering at the clinic, where I have worked alongside other students as well as physicians to reach those who might not receive care any other way. My experience there has shown me that healthcare does not always fit into the usual times or places.

The setup of the clinic encourages learning as well as service. We work in pairs, where we alternate between taking patient histories and entering information into the Electronic Medical Record. This system helps to strengthen our skills in addition to confirming that we are thorough with each patient. Prior to case discussions with our preceptor, we review our findings together and build possible diagnoses as well as draft care plans. This strategy has improved my ability to think critically about patient care and highlighted the benefits of teamwork with others. The medical lead for the clinic and my primary preceptor, exemplifies compassion and dedication, often spending countless evenings ensuring the clinic runs smoothly. His mentorship has been instrumental in shaping my understanding of patient-centered care and the importance of service to underserved populations.

I still remember my first night clearly. I arrived at 6:15 PM, checked in, paired up with another student, and got ready to meet our first patients. During that evening and subsequent shifts, I came to understand that caring for vulnerable patients goes beyond medical expertise. A patient came in with a seemingly routine respiratory infection; however, as we talked, their situation turned out

to be more complicated. They had delayed seeking help due to a lack of transportation. Additionally, the patient did not have access to a phone, which made follow-up care difficult to arrange. This encounter was eye-opening, as it showed me that social factors are real obstacles that patients face every day rather than merely being theories from textbooks.

I recall a memorable experience, which involved a patient with multiple chronic illnesses who had avoided doctors for years due to past negative experiences. Across multiple visits, we gradually earned their trust by listening closely as well as involving them in their care plan. This process taught me that empathy and patience in healthcare have an important role in medicine. This patient taught me that genuine healing often starts with simply being present and showing understanding. It does not only involve diagnoses or treatments. Eventually, they decided to see a family doctor for regular care. Rebuilding trust between marginalized patients and the healthcare system is a small but important step in the healthcare journey.

My experience at the SRC has helped me understand that our community has different healthcare needs. At the SRC, we often observed that acute issues worsened as a result of challenging living conditions. We often see recurring themes, such as the effects of poverty, the importance of trauma-informed care, and the importance of understanding the complicated social backgrounds of patients.

Canada prides itself on free and accessible care yet limited transportation, low health literacy, and social challenges, affect access and quality care. At the end of each shift, we discuss patient cases as well as the large-scale challenges in the system. We offer support that includes connecting patients with family doctors, scheduling specialist appointments, managing chronic conditions, and educating them about their health. This has changed my perspective on medicine, where I now see it as a field that requires advocacy and social awareness as essential components, not just high-quality clinical work. I believe that what I have learned at the SRC is helping to form the type of physician that I want to become as I move forward in my medical training. This clinic constitutes an after-hours job and learning laboratory; however, it is also a model of how medicine and medical education can address community needs and develop healthcare providers who are socially aware and active. As future doctors, we gain valuable experience here, which helps to prepare us to treat populations from different backgrounds and advocate for better healthcare access. I have learned that to provide better care, medical skills are not enough.

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