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SSRFC

Society of Student Run Free Clinics



SHARING The Vision Conference Summary

-Tyler Ketterl
University of Nebraska Medical Center

ON FRIDAY, MARCH 27, 2009, over 190 individuals from 36 health professional schools across the United States, as well as the University of Saskatchewan (Canada) and the University of Melbourne (Australia) gathered at the University of Nebraska Medical Center's Michael F. Sorrell Center for Health Science Education to embark on a weekend of dynamic discussion and interprofessional education focusing on the meaning and management of student-run clinics. Friday evening's events included an introduction and welcome to Nebraska by Dr. Gerald Moore, followed by dinner in the Truhlsen Campus Events Center. Conference attendees then moved to the Mary Ann "Maisie" Paustian Amphitheatre for an inspiring keynote address by Dr. Richard P. Usatine of the University of Texas San Antonio and a presentation on the UNMC SHARING clinic model followed by many insightful questions from a variety of students,



faculty, and staff in attendance. The night concluded with an intriguing panel discussion, which featured the opinions of a pharmacist, a physician, a nurse practitioner, and a medical student who volunteer at the SHARING clinics, as well as the unique perspective of a Liberty Elementary School teacher on the special health needs of uninsured children and the heartfelt testimonial of an appreciative patient of the SHARING clinic.

On Saturday, conference participants, including over 150 students, 40 faculty and 9 staff members from 22 states, the District of Columbia, Australia, and Canada, returned to



the Sorrell Center to participate in one 90 minute and three 60 minute small group discussion sessions. Interprofessional students, faculty and staff from 16 different health professional schools lead sessions focusing on a wide variety of topics, including Continuity of Care,

Establishing and Maintaining a Cost Effective Pharmacy, Incorporating Physical Therapy into Student-Run Clinics, Starting a Clinic, and Clinic Sustainability. Representatives from 11 different disciplines, including medicine (102), pharmacy (26), physical therapy (24), physician assistant (14), nursing (9), public health (7), clinical laboratory science (5), occupational therapy (3), medical nutrition (2) and social work (2), attended these presentations and also participated in open discussions on how to improve interprofessional practice at student-run clinics and the benefits and challenges of acute and chronic care models for student-run clinics. During lunch, conference attendees networked, viewed posters celebrating student-run clinics across the US and Canada, and toured UNMC's Clinical Skills Lab.

On Saturday evening, 240 conference attendees, honored guests, and SHARING clinic donors and volunteers gathered in the Truhlsen Campus Events Center for a celebration of those who care for the underserved. Bob Bartee welcomed diners with a speech reflecting on the meaning of service in medicine and the opportunity for

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What is Happening in Our Clinics!

Time for Education

Group Education Sessions at the Student Family Healthcare Center

- Jason Zucker NJMS Class of 2010

Since its establishment in 1967, the New Jersey Medical School Student Family Health Care Center (SFHCC) has been serving the needs of the medically underserved in the city of Newark. Educating patients about the basics of disease during an office visit can quickly become overwhelming for both the student doctors and the patients. In our clinic, we found a lack of health knowledge in our patient population, and realized that the

standard visit does not leave sufficient time for thorough patient education. The American Association of Family Physicians has stated that "...patients and members of the public who are educated about their health are better equipped to prevent disease and to play an important part in managing health problems..." Since most of our active patients have chronic problems, helping patients understand their disease has become a constant struggle.

To address the critical issue of patient education, the directors of the SFHCC concluded that dedicated patient education time was



In this photo: Kathleen Sullivan, Dipal Shah, Richard Max, LoAnn Heuring

required. Patients, along with their family and friends, are now invited to group education sessions, which are hour-long interactive presentations focused on the basics of health and disease. Teams of students, from all four years, volunteer each month to become experts on the teaching of a specific topic. These teams spend 4 to 6 weeks studying and learning about their topic, meeting with patient education experts, and developing a 40 minute presentation.

On presentation nights, patients and guests come to our waiting room where they receive an audience response device that allows them to answer questions during the presentation in real time. This permits active involvement in the presentation, and the ability to track learning progress during the lessons. After the presentation, patients are served refreshments and given time to ask questions and talk with the student preceptors. Patients are then sent home with appropriate

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CLINIC SPOTLIGHT: University of Iowa Mobile Clinic

- Jay Cooper MPH
Public Relations Liaison

THE UNIVERSITY OF IOWA MOBILE CLINIC was founded in 2002 by a group of medical students at The University of Iowa College of Medicine who saw a need for health care outreach to the poor in Iowa City and surrounding areas. This group of students took action and applied for a grant from the American Association of Medical Colleges (AAMC) to create a clinic that would bring health care to the people. The application was approved, and the UI Mobile Clinic was born.

To bring health care services to people in need throughout Iowa City and eastern Iowa, students purchased a used transit bus, which they converted into a pair of exam rooms and consultation room for use at clinic sites. The Mobile Clinic's first clinic sites included Shelter House, the homeless shelter located in Iowa City,

and the Pheasant Ridge Neighborhood Center, located in a low-income housing development on the west side of Iowa City. At these sites, the bus served as an extension of clinic site space, and was used in seeing patients.

Over the last seven years, the Mobile Clinic has expanded from those two original sites and has acquired several



new sites and partnerships, including a partnership with Community Health Free Clinic in Cedar Rapids; a site in Columbus Junction, a rural community southeast of Iowa City; and a partnership with Proteus and the Emma Goldman Clinic during the summer months to help treat, educate, and screen migrant farm workers in eastern Iowa. The Mobile Clinic is also serving homeless populations in Iowa City through "street medicine" clinics with the [\(continued on pg 5\)](#)

Above: Pictures of volunteers hard at work from the clinic's partnership with Proteus: an organization that serves farmers in Iowa

Quality of Care

- Hadar Lev-Tov
SUNY Downstate Medical Center

MOST STUDENT RUN CLINICS (SRC) face a few common challenges in providing quality care to our patients. For example, transient staff is a common challenge, as most clinics are staffed purely by busy medical students. Add to this the fact that most SRC's work one day a week and you have a continuity of care recipe for disaster. Additional challenges at various clinics have to do with changing locations (e.g. mobile clinics), challenging patient populations, and dwindling budgets. Yet most SRC's have an unusual asset: super motivated, highly intelligent and skilled staff.

In my short personal experience I found that whenever our group was challenged by a quality of care issue, tapping into that resource did the trick. So, I guess my first tip is team work. Like other SRC's around the country, our group at the Brooklyn Free Clinic (BFC) has worked hard to establish measures to ensure quality care. The first step was to clearly define our tasks: who are our patients? Who are NOT our patients? What services do we provide? What services can't/don't we provide? A clear set of organizational goals is key in implementation.

The BFC also works with an Electronic Medical Records system (EMR). Working with an EMR allows for consistent charting and efficient implementation of certain administrative protocols. Using a web-based system with remote access features helped us to gap physical barriers in providing quality care. Adding a registry function to the EMR can help ensuring clinical management guidelines are met for ALL patients, regardless of the volunteer interacting with the patient. [\(continued on pg 4\)](#)





Student Notes



北京大学 医学部

PEKING UNIVERSITY HEALTH SCIENCE CENTER

SSRFC, A Great Inspiration

-A Message From A Medical Student From Peking

University, Beijing, China

-Zed Zha

As a medical student from Peking University, I was honored to have attended this year's SSRFC conference in Omaha and was greatly inspired by the students-run free clinic models presented on the conference.

After the draft of China's health care reform plan was revealed to the public in 2006, students from the top medical school, Peking University Health Science Center, felt obligated to become contributors as well as future leaders in this long-awaited movement. Non-profit clinics are urgently needed by the large underserved population in China, and we, as medical students, wish to be the ones who have the pleasure to serve the less fortunate.

SSRFC is a great platform for students from all over the world to communicate and share their community service experiences. Next year, I hope to lead a team from Peking University Health Science Center to learn from our fellow medical students in the U.S. Moreover, we are willing to contribute to this conference in any possible way. If you have any ideas or suggestions, or any questions about health care in our country, please do not hesitate to contact me at zedzha@gmail.com.



And finally, we need your help with the formation of our team! To get a better idea about what medical schools and hospitals are like and what medical students and medical professionals deal with everyday, we hope to "stick around" longer after the conference. Please kindly let me know if your school or clinic has any such opportunities to offer! We look forward to exchanging our ideas at this multi-cultural learning opportunity! Hope to see you next year!

The MEDiC Effect: University of Wisconsin Medical Students Reflect on Student Run Free Clinic Volunteer Experience

- Shefaali Sharma, M1 Clinic Coordinator 2009-2010

It is hard to believe that our first year has almost come to an end. This time has passed incredibly quickly, and I am amazed at how rapidly we have adjusted to the life of a medical student. As first-years, our first few weeks were filled with lunch meetings and dinner presentations given by second-years eager to expand their interest groups and share various opportunities and experiences. Initially, I was overwhelmed by the sheer number of committees, interest and service groups, shadowing opportunities, and free meals. It was impossible to do everything, but just as impossible to choose among the many alternatives. However, among all of these unique and wonderful student organizations, there was one that stood out from the crowd and drew me in immediately—MEDiC.

As a future physician I strongly believe in the provision of quality health care and health resources to all individuals, regardless income, race or insurance coverage. My volunteer experiences at the MEDiC clinics have provided me with an active learning experience in which I can interact with patients in need and problem solve with physicians and peers as we attempt to provide these patients with the best care possible.

Initially I thought that MEDiC was simply about helping low income, uninsured patients. However, my experiences as a volunteer, and now as one of the new Clinic Coordinators involved with MEDiC, have demonstrated to me that MEDiC is so much more than I previously thought -- it is an

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-Reflections of a 4th year student- By Julia Kasprzak

Reflecting back on four years in medical school, I realize that the physicians who serve at the MEDiC Clinic, where I regularly volunteered, influenced my future as a physician and a person in remarkable ways. They not only led me to my specialty in dermatology, but also instilled in me the importance of working with underserved patient populations, both as a medical student now and in my future experiences as a physician.

Although my activity with the MEDiC Clinic started before medical school, the physicians and patients at the Clinic motivated me to pursue deeper involvement once I started. Eventually, I was offered a leadership role as student clinic coordinator during my second year. In that position, I became involved with the free monthly dermatology clinic started by Dr. Aughenbaugh and became aware of the great impact it has on patients. The dermatology specialists who volunteer their time at MEDiC inspired my interest in that specialty and showed the great need that exists for dermatology services among the uninsured.

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SSRFC ANNOUNCEMENTS



UPCOMING CONFERENCES

SSRFC is hosting their next conference with STFM on:

January 30-31, 2010 in Jacksonville, FL

Registration is \$75 which includes all Saturday SSRFC workshops, breakfast, lunch, snacks, and access to STFM workshops on Sunday. Please make sure you register only for the student portion to get this price. If you have any problems feel free to contact us.

STFM is helping to host the Society of Student-Run Free Clinics 2010 conference but we are an independent organization. We encourage students from all aspects of healthcare involved in student-run clinics to attend. Our call for presentations is separate from STFM's and is open to everyone. We plan to have workshops addressing issues in all realms of health professional and allied health sciences based on your proposals. There will also be a poster session to present your clinic models.

To register please go to:

<http://www.stfm.org/conferences/predoc/pd/index.cfm?CFID=897519&CFTOKEN=34709364>

Call for presentations: please submit poster and workshop proposals to: ssrfclinics@gmail.com

WE HAVE A NEW WEBSITE!

Please visit us at

www.studentrunfreeclinics.org

The website has information on other existing clinic models, how to start a clinic, discussion boards, newsletter archives, and health policy links.

Message Board



Register your Clinic

Go to our website :

www.studentrunfreeclinics.org

to register with us and to put up your clinics profile!

Send us a story about your clinic for our next newsletter!!!

ssrfclinics@gmail.com

We would love to hear about you J

Presenting our Logo Winner!

Thank you to all who participated!



Quality of Care [\(continued from pg 2\)](#)

Smart management of staff helps ensure quality care as well: at the BFC for instance, senior students are scheduled for a full month at a time while the administrative officers take on a single shift every other month.

This scheduling creates time overlaps ensuring that there is always someone "in the loop." Surveying patients and staff on a regular basis helps understanding ongoing and new gaps in the care we provide. Developing a case manager model with dedicated volunteers or a social worker helps ensure follow up. Regular "Morbidity and Mortality" type meetings help in creating a self-reflecting community with clinical wisdom.

Going back to my first point, it is worth mentioning that many of the tools above were developed by students. While ensuring high quality of care is a challenge for all medical providers, SRCs are a relatively new concept. Therefore, we have much work to do in developing solutions unique to our patient care environment. Ideas anyone?

MS4 reflection [\(continued from pg 2\)](#)

The dedicated UW physicians who volunteer at the MEDiC Clinics have been such great role models through these years. They demonstrated to me the true meaning of serving others selflessly. They also showed me the art of troubleshooting the socioeconomic barriers to health care that our MEDiC patients endure every day. My training at the clinic will serve me well as I begin my dermatology residency at Cook County Hospital in Chicago, where I will be working with the underserved and uninsured every day. My experience with MEDiC has given me the initial skills and determination to serve this patient population. I am sure MEDiC will continue to give impetus to future generations of medical students to work with the underserved in the same way that it has for me.



Time for education (continued from pg 2)

reading materials to reinforce the lessons. We also upload all presentations to our clinic website, where they can be watched by patients and all members of the community.

The first group education session was held in April 2009, and covered the basics of diabetes prevention and management. Prior to the session, our team met with an Abbott sales representative and procured a donation of glucometers and an assistance program to cover the cost of test strips for our patients. They also demonstrated the proper use of the glucometers the patients received. Following the session, the team helped patients complete the assistance program paperwork. The attendees were unanimously enthusiastic and gave very positive feedback at the end of the session.

Our second session is currently scheduled for May 2009, and will discuss hypertension. Future presentation topics include men's health, women's health, sexual education, and cholesterol management. Eventually, we plan to review patients' records and to survey our patients to quantify the merits of this program. I look forward to future presentations, and our clinic's continuing efforts to empower patients to make better health decisions.

Iowa Mobile Clinic (continued from pg 2)

Free Lunch Program in downtown Iowa City.

Services provided by The University of Iowa Mobile Clinic vary by site and include everything from sports physicals for children and teenagers; flu shots in October, November, and December, prior to the traditional flu season in the Midwest; glucose, cholesterol, and blood pressure screening; health education on many topics; and basic visits with physicians. Student volunteers come from all disciplines at The University of Iowa and include medical, dental, public health, nursing, pharmacy, physical therapy, physician assistant, and clinical lab science graduate students, along with undergraduate students in all fields. Providers include physicians, physician assistants, and nurse practitioners

Future directions of the clinic include expanding the "street medicine" clinics as well as expansion to new

sites throughout eastern Iowa as needed. The Mobile Clinic continues to reach out to other student groups across The University of Iowa campus, including groups interested in patient advocacy and health education, as well as those interested in providing Spanish- and Arabic-speakers for interpreter services at our clinics. For more information on The University of Iowa Mobile Clinic, please visit our Web site, <http://www.healthcare.uiowa.edu/programs/mobileclinic/>, or contact Jay Cooper, Public Relations Liaison, at jay-cooper@uiowa.edu.



Above: partnership with Cedar Rapids Community Health. pharmacy students from The University of Iowa are learning about dispensing medication in a clinic setting.

MS4 Reflection (continued from pg 3)

interdisciplinary hub of activity, striving to improve and maintain the health of Madison. Medical school is tough. Nursing school is tough. Pharmacy school is tough. In general, health sciences training is tough, and it demands dedication and acceptance of hours upon hours spent under the fluorescent lights of the library or caffeine-infused environment of local coffee shops. But somehow, even after hours in the MEDiC clinic, you feel rejuvenated and eager to get back to studying. You have just seen what your $3/16^{\text{th}}$ MD training has allowed you to do for your patients and how much more you will be able to do for them once you master the complexities of the endocrine system and intricacies of various diseases. You have justified your hours of studying by more than a good exam score; you, along with your peers and dedicated professionals have helped a patient in need, and now you cannot wait to do this again. In this way, MEDiC sustains the health of Madison long term; it fosters an invigorating environment for both present and future physicians, nurses, pharmacists and more. We are truly privileged to be a part of such an inspiring organization.



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both education and personal growth that student-run clinics provide to future health professionals. Following dinner, Dr. Joan Y. Reede, the Dean for Diversity and Community Partnership at Harvard Medical School, spoke movingly on how we can become compassionate professionals through cultivating an inclusive and reflective spirit into both our personal and professional lives. After Dr. Reede's keynote speech, Deepa Rani Nandiwada, a third year medical student from George Washington University, launched the

Society of Student Run Free Clinics, whose website will be hosted by UNMC and will provide a place for ongoing interprofessional discussion on student-run clinics. Finally, Mark Stavas closed the evening by unveiling a new foundation created by UNMC students through the Omaha Community Foundation. The foundation, entitled Renewing the Oath, will provide grants to health professional students who are interested in novel methods of service.

"Clearly, student-run clinics are places that people choose to attend to get the very best of care"

The goal of SHARING the Vision was to give students, faculty and staff the knowledge and resources to improve their clinics or to start new clinics, as well as to inspire participants to

spread the word about the impact that student-run clinics can have on communities. Through the quality of presentation, discussion and networking that occurred at the conference, it appears that we achieved this goal with overwhelming success. In a brief reflection of the conference, Dr. Steve Trumble from the University of Melbourne wrote:

"To tell the truth I was initially a little skeptical about the whole concept of student-run clinics, which are largely unknown in my country. I feared they would be places where students got to practice their unformed skills on people who had no choice. I've come away with a completely different understanding. Clearly, student-run clinics are places that people choose to attend to get the very best of care. And the students who lead them do so because they care about others' needs as much as - or probably more than - they do about their own. I'm very excited about going back to Australia and introducing the concept."

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