



A New Approach to Community Outreach in Student-Run Clinics

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Abstract

Fleur de Vie Ruth Fertel (FdV) is a Tulane University School of Medicine student-run clinic that offers free health care to the local community on the second and fourth Saturdays of every month. Over the past year, FdV has encountered low patient volumes because it stopped receiving patient referrals from the weekday clinic with which it shares a space. In order to solve this issue, the FdV clinic formed a partnership with and created three community outreach positions filled by students at the Tulane University School of Public Health. With these new community outreach leaders, the aim is to spread awareness about the FdV clinic and increase patient volume through health screenings, flu shot fairs, and community education classes. Other student-run clinics could also benefit from this type of partnership not only to improve patient flow but also to increase community engagement, utilize resources unfamiliar to medical students, and provide improved quality of care to patients.

Fleur de Vie Ruth Fertel (FdV) is a student-run primary care clinic at Tulane University School of Medicine in New Orleans, Louisiana. The clinic was founded in 2007 to fill the void in the healthcare system left by Hurricane Katrina. We are situated in the Mid-City neighborhood of New Orleans and serve primarily African-American and Hispanic patients. In order to meet the needs of our patient population, we do not require payment or identification, as most of our patients are low-income, uninsured, and often lack documentation. In exchange, like most precepting clinics, first and second year medical students practice taking histories and performing physical exams under the guidance of residents and attending physicians.

Unlike the other Tulane student-run clinics that treat patients in homeless shelters or substance abuse programs, FdV is not affiliated with an in-residence patient population. In the past, FdV received referrals from the weekday primary care clinic with which FdV shares a space and resources. The weekday clinic referred patients lacking identification or

insurance, as well as overflow patients. Over the past year, due to the increased number of doctors at the weekday clinic as well as the roll out of the Affordable Care Act, the weekday clinic has been able to accept more patients, thereby resulting in FdV receiving fewer referrals. Because of this, FdV now relies solely on walk-ins from the community.

In years past, FdV clinic leaders supplemented the patient referrals by recruiting patients from the community. They spread word of the clinic by posting flyers at local businesses and attending local health and wellness coalition meetings. Although we continued these strategies with some success, the few people we were able to reach were not sufficient to fill the patient gap created by the loss of referrals. After a number of clinic sessions in which precepting teams did not have the opportunity to see a patient, we felt that our contribution to the local community fell short of its potential; FdV needed to develop new patient outreach strategies to better serve those in need of health care.

To address these patient outreach issues, we decided that we needed to expand our team workforce by reaching out to additional Tulane students. We first tried partnering with Tulane undergraduate students; however this collaborative effort with the undergraduate students did not succeed due to the undergraduate students' limited clinical experience and knowledge. We then tried partnering with a Masters of Public Health (MPH) student at Tulane, who emailed us expressing interest in heading the community outreach efforts for the FdV clinic.

Unlike the undergraduate students whom we initially partnered with, the MPH student had extensive knowledge in community organization and social marketing in the context of healthcare, and we were excited to gain a new leader with knowledge in building community health relations. Together, we created a plan to form relationships with local churches in order to expand our canvassing efforts from businesses to other community organizations. Unfortunately, after a month of planning, the collaboration with this MPH student fell through due to time constraints. This situation occurred once again when we worked with another volunteer MPH student a month later.

We realized that this initial MD-MPH collaboration lacked the structure it needed to be successful. The volunteer position needed to become an official role, as the job of improving community outreach was too time intensive for a single volunteer to tackle alone on an intermittent basis. In addition to creating an official volunteer job title and expectations, we realized that we also needed a method to track progress and establish accountability.

At this time, a group of students at the Tulane University School of Public Health and the Tulane University School of Medicine created an official partnership through the Tulane University School of Medicine Student Clinic Council (SCC). The

SCC holds monthly meetings to allow student clinic leaders to discuss clinic strategies, challenges, and improvement opportunities. One such opportunity included the new MD-MPH collaboration, which aimed to utilize the MPH students' knowledge in community programming and data analysis to evaluate clinic services and community needs, while ensuring high quality of patient care.

Thus, this SCC-endorsed partnership created and outlined MPH roles focusing on needs assessment, quality improvement, and patient education for the various clinics. Responsibilities of each role included a monthly report detailing recent accomplishments and unexpected obstacles. These reports were then reviewed by the SCC MPH Coordinator, a newly established position in charge of tracking progress and providing a point of contact for the MPH students. In this way, the partnership outlined specific roles and expectations with an overarching structure that provided accountability and progress tracking. This was applicable not only for individual clinics, but for the partnership as a whole.

It was through this SCC-endorsed MD-MPH partnership that we found the solution to our struggle to create a well-structured community outreach team. The SCC accommodated FdV's request to establish three MPH community outreach positions responsible for increasing patient volume through community engagement.

When reviewing applications for the three positions, we specifically selected students who spoke Spanish. This was a necessary requirement as none of the current FdV clinic leaders could speak Spanish fluently. Without any clinic leaders who were fluent in Spanish, a significant language barrier between the clinic and the local community took way. In particular, this was challenging for the realm of community outreach, as translators were only available during clinic hours. Thus, it became a top priority to select community outreach leaders who

were able to effectively form relationships with the Hispanic community.

As it stands now, we have selected and met with our new community outreach team members. The team has proposed several strategies, including health screenings outside local businesses and free flu shot fairs during clinic sessions. The community outreach and patient education teams also proposed an intra-clinic partnership to run community-attended health classes during clinic hours, in order to educate local residents while giving them the opportunity to familiarize themselves with the clinic space.

In addition to forming community relationships, the MPH students' coursework in public health has prepared them to evaluate health interventions and improve healthcare delivery. The outreach leaders have already administered patient intake surveys to assess the success of each community outreach endeavor,

while also evaluating the specific needs of our patients. These survey results would allow FdV to focus on the outreach strategies that are most successful, thereby ensuring that FdV is providing services that match the community's needs.

The new strategies implemented by the MD-MPH leadership team at FdV will allow the clinic to better engage with the community and improve the quality of health care that patients receive. The benefits of such a collaborative team are not limited to FdV or to the Tulane School of Medicine and Tulane School of Public Health. FdV's collaboration has opened our eyes to the value of an interdisciplinary partnership in which students from different disciplines thrive on each other's knowledge base and strengths. We believe that other student-run clinics could also benefit from such an interdisciplinary partnership. Such teamwork could not only help to improve patient volume but also to better engage clinics with the community and provide higher quality of care to patients.