



**Correspondence:** Response to "A New Approach to Community Outreach in Student-Run Clinics" by O'Leary and Gregoire, *FCRC*, 2015:1:12-14

## Fostering Sustainable, Equitable Partnerships Between Health Professions Institutions and Communities: A Call for Implementation Science

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### Abstract

In O'Leary and Gregoire's article<sup>1</sup> on Fleur de Vie Ruth Fertel (FdV), a Tulane University School of Medicine student-run free clinic, the authors provide a thorough, practice-relevant description of their solution to increase patient volume through an inter-professional approach. We commend and expand upon the concepts put forth by the authors, noting that it represents an important area for research on student-run clinics: implementation science. We are currently conducting a systematic review that should help to identify high-priority areas in which implementation research is most needed. Both the students who lead and the communities who are served by these clinics can benefit from an implementation science framework, as the approach inherently seeks to understand the process of optimal service delivery.

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To the Editor:

We read with interest the article by O'Leary and Gregoire, "A New Approach to Community Outreach in Student-Run Clinics"<sup>1</sup> in the inaugural issue of *The Free Clinic Research Collective*. The authors described community outreach efforts by a team of students across the health professions to improve patient volume and engagement in a medical student-led clinic in New Orleans.

Our team consists of students who are across phases of their post-secondary training (before, during, and having recently completed health professions

graduate programs) and are currently working with Emory University School of Medicine's six student-run clinics and numerous community-based health initiatives. Prior to this, each of us spent time managing student-led clinics in California and Massachusetts; collectively, we have ten years of experience in this challenging and rewarding line of work. Thus, our perspective is guided in equal measure by respect for student leaders across the country committed to this work and a staunch desire to strengthen its empirical foundations.

We appreciate the authors' description of their team's cross-disciplinary efforts to address a pressing issue common to student-led health clinics.<sup>2</sup> Fleur de

Vie Ruth Fertel (FdV) is a primary care clinic run by medical students at Tulane University. FdV serves a vital community need that simultaneously benefits the health of local medically underserved communities and the burgeoning clinical acumen of students. The authors' illustration of FdV's challenges and successes in fostering a partnership across Tulane health professions schools can prove helpful for similar clinics considering these same challenges.

We find the authors' level of detail and pragmatic suggestions (e.g., screening for students who can speak Spanish, collaboration with public health students whose coursework informs concrete actions that drive positive change, etc.) to be beneficial information and clearly needed in the literature. Student-run clinics frequently offer free and low-cost access to an array of services, address systemic barriers to access to care, and deliver services that are satisfactory to patients and often meet reputable standards of quality healthcare.<sup>3-6</sup> While it is valid that the field could benefit from more rigorous outcome and evaluation research,<sup>2</sup> we believe that an implementation science lens – which is emerging in the arenas of community-based health services<sup>7,8</sup> and academic medicine<sup>9</sup> – is necessary to both substantiate and advance the role of these free clinics in the safety net system.

The FdV article serves as a solid example in this regard. Yet, this work remains far too uncommon. Health professions students and their institutions need to empirically examine – through qualitative, quantitative, and mixed-methodologies – the process of implementing and disseminating student-driven health and social services to under-resourced communities. Challenges with program sustainability, community engagement, student retention, and forging inter-professional partnerships remain significant issues for student-led free clinics<sup>2,3,10,11,12</sup>, and there is scant rigorous measurement of what might support these crucial pillars to proper clinic functioning.

We are currently conducting a mixed-methods systematic review aiming to provide an empirical basis for this assertion. Drawing from 853 published articles in the academic and gray literature, we are examining two streams of data often not discussed substantially in the student-run clinic literature: implementation process and outcomes on patient health status. We have found that a preponderance of studies focuses on the student experience and student learning outcomes – echoing findings by others.<sup>2,10,13</sup> While certainly valuable in their own right, most studies do not examine or have not provided the appropriate data to support the optimal adoption and fidelity of student-run clinics in the communities that rely on them. We believe that the implementation process component of our research, in particular, will help to identify where the field is currently, and also what gaps need to be filled in order to optimize the quality and maintenance of student-led clinics.

Campus-Community Partnerships for Health, a membership organization dedicated to collaborative solutions between communities and higher education institutions, defines authentic and equitable academic-community partnerships as those “that build capacity, generate knowledge that directly benefits communities, and influence policies that affect health.”<sup>14</sup> It follows, then, that while student-run clinics provide meaningful service and experiential learning opportunities for trainees of health professions institutions<sup>2,15</sup>, equal if not greater emphasis must be placed on the ways in which these clinics serve their communities.

This is not only critical for driving the delivery of efficacious and quality services, but it is also our duty as future health professionals committed to meaningfully tackling health and socioeconomic disparities. We need to always be asking ourselves: 1) When and where things are going south – why is it they are faring poorly?; 2) In instances when things are going well, what is it exactly that is driving the positive momentum?; 3) What are we doing to ensure that services managed and administered by health

professions students are not only impactful, but also consistent and long-standing? These are the types of questions for which an implementation research lens is most valuable.

O’Leary and Gregoire provide a succinct, clear snapshot of where the field can and should move. We hope that *The Free Clinic Research Collective* can be a space in which such innovative thinking can continue to take root and ultimately compel changes in the research on and practice of student-run free clinics.

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**Authors' Response** to "Fostering Sustainable, Equitable Partnerships Between Health Professions Institutions and Communities: A Call for Implementation Science" by So et al., *FCRC*, 2015:1:S1-S4

We enjoyed reading the correspondence article written by So, Gutierrez, and Loren in response to our paper "A New Approach to Community Outreach in Student-Run Clinics."<sup>1</sup> In their correspondence "Fostering Sustainable, Equitable Partnerships Between Health Professions Institutions and Communities: A Call for Implementation Science," they discussed the need to empirically examine both the implementation process and patient health outcomes of student-run health and social services. Such research has the capacity to alter student-driven services by providing both data and evidence needed to optimize the effectiveness and impact of clinic services. We are enthusiastic about the possibilities that implementation science holds for student-run clinics and the communities they serve. We hope that such research becomes standard in clinics across the board, and we look forward to the future of the field.

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