



Survey of CommunityCare Clinics Providers: Sustaining Provider Satisfaction with Feedback for Optimal Clinic Operation

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Abstract

Introduction: Student-run free health clinics serve to provide free medical care for impoverished community members while also being an important educational resource for medical students. CommunityCare Clinics (CCC) is a collection of three student-run free clinics operated by students at the University of Toledo in Toledo, Ohio. Clinics require multidisciplinary staffing of up to 4-6 providers per clinic. This study seeks to assess provider satisfaction in order to maintain a provider roster and gain insight on factors contributing to provider satisfaction in the free clinic setting.

Methods: An IRB-exempt anonymous survey was created for all providers who have attended clinic within the past calendar year. The 10 question survey elicited a provider's perspective on all aspects of volunteering and their experience with CCC.

Results: A total of 11 providers responded to the survey. According to the survey, interprofessional student teams were unanimously seen as beneficial to enhancing the clinic experience. Email was the preferred method of communication, and not a single provider thought that communication was too frequent. Care for a vulnerable patient population and interaction with students were cited as the biggest reasons for volunteering.

Discussion: The most effective way to ensure that providers continue returning to the Clinics is to keep them operating efficiently, so as to not waste any of the providers' valuable time. Open communication between providers and scheduling teams created an atmosphere of content providers and a fully staffed clinic.

Introduction

The student-run free health clinic model serves both educational and public health functions. First and foremost, they provide free medical care to impoverished members of the surrounding community. From a student's perspective, they have shown to increase social awareness and compassion to a patient population that is quite often forgotten.¹

Additionally, they promote an interprofessional environment, which is increasing in importance.² Because of these multifaceted benefits, student-run free clinics have grown in numbers, with 52.1% of respondents to a recent survey of allopathic medical schools reporting having a free clinic in place.³

The CommunityCare Clinics (CCC) is the collection of self-sustaining student-run free clinics

that are operated by students of the University of Toledo in Toledo, Ohio. The dual missions of CCC are to provide free, quality healthcare to the underserved and to teach students in an interprofessional, team based setting.

CCC is composed of three clinics, CommunityCare Free Medical Clinic (CCFMC), CCC Women's Clinic and the Mildred Bayer Clinic. Each clinic is served by multiple interprofessional teams. The Mildred Bayer Clinic meets twice a month, and is dedicated to the homeless population of Toledo, Ohio. The Mildred Bayer Clinic serves 2-6 patients, and is staffed by one provider. CCC's Women's Clinic accepts patients by scheduled appointment only. Women's Clinic operates twice a month to provide women's services to 4-6 patients under the care of a single provider. Finally, CCFMC, the main clinic, operates every Thursday night. In addition to free medical care, CCFMC offers physical therapy, occupational therapy, health education, social work, chiropractic care, respiratory therapy, HIV testing, and free pharmacy services to the greater Toledo area. It requires 4-6 providers, including doctors, nurse practitioners, and a chiropractor. Students are split into teams made up of a clinical (third or fourth year) medical student, a pre-clinical (first or second year) medical student, and one of the following disciplines: pharmacy, physical therapy, occupational therapy, or respiratory therapy. Altogether, CCFMC sees between 40 to 70 patients per night, totaling 2977 patients seen between January 2015 and January 2016.

Providers serve as the backbone of the student-run free medical clinic model. Because of this, maintaining a sufficient number of available providers is crucial to clinic operations. It is the job of the Directors of Provider Recruitment to maintain a roster of available providers for CCC, and understanding the needs and motivations of clinic providers is critical to maintaining a stable roster. The local aim of this study was to survey CCC providers to see what drives them to attend clinic, and to reveal possible areas of improvement from a provider-oriented viewpoint.

While there have been provider-focused studies on free clinics, the need existed for a study on provider satisfaction with regards to student-run free clinics.^{4,5} The global aim of this survey is to generate information that can be applied to other student-run free clinics; this would help other clinics identify possible changes to maintain a more satisfied provider population and, therefore, to maintain operational clinics.

Methods

An anonymous electronic survey was created by the CCC Directors of Provider Recruitment in order to elicit providers' honest feedback about CCC. This study was conducted by distributing surveys to all providers who had attended any of the three CCC clinics beginning in April 2015. The University of Toledo's Institutional Review Board (IRB) deemed the research "Not Human Subjects" and therefore exempt from the IRB process. The survey was created on Google Forms, which allowed providers to answer anonymously. After receiving responses, the answers were categorized by similarity in order to analyze the overall views of the providers.

The survey questions were as follows:

1. Which clinic do you volunteer at most frequently: Mildred Bayer, Main Clinic, or Women's Clinic?
2. What is your favorite aspect of clinic?
3. Where could we improve the clinic experience for providers?
4. Where could we improve the clinic for the patients?
5. How effective is our communication with providers? What is the preferred method of communication? Email, phone, or text? Do we email too frequently?
6. What would you say is the main reason a provider should volunteer: To help treat a vulnerable patient population, to interact with students, or something else? Feel free to elaborate.
7. Do interprofessional student teams enhance the clinic experience?
8. Is the amount of time providers spend at clinic per night appropriate? Please explain
9. Do the student volunteers and the student board

members show appreciation for the work providers do? Are these acts of appreciation acknowledged by the providers? Feel free to elaborate.

10. Do you have any other additional comments?

Results

A total of 11 providers responded to this survey between November 2015 and January 2016. The survey was sent out via email originally, but a majority of responses were obtained from providers while they were at one of the Clinics. Anonymity was maintained by blinding survey results until all the data was collected and allowing providers ample physical space to complete the survey in privacy.

Seeing as the questions were phrased in a free response format, each response was categorized by similarity. For this reason, some respondents gave multiple answers for each question, which led to an amount of responses that exceeds 11 for some questions.

1. Which clinic do you volunteer at most frequently?

The CCFMC Main Clinic was the main site where surveys were completed, with 10 out of 11 providers saying it was their preferred clinic to volunteer. One provider said that Mildred Bayer was their preferred clinic, while no responses were recorded for Women’s Clinic providers.

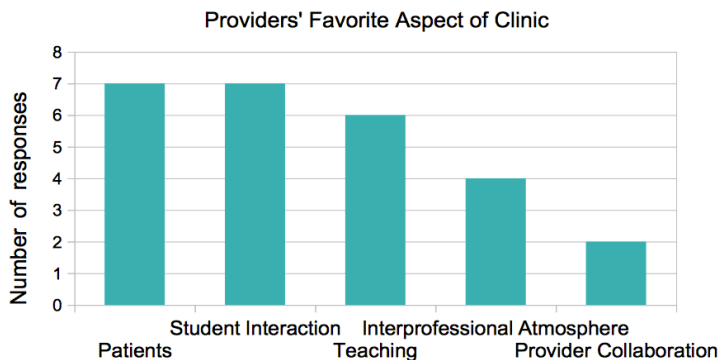


Figure 1. What is your favorite aspect of clinic? Responses gathered in six surveys.

2. What is your favorite aspect of clinic?

Most providers listed multiple answers as their favorite aspect of clinic, yielding greater than 11 results. Tied with seven responses each were the patients and interaction with students, followed by teaching opportunities in six surveys (Fig. 1). Interprofessional teams was listed four times, and two providers listed collaboration with other providers.

3. Where could we improve the clinic experience for providers?

The most common response was problems with Clinic efficiency with four providers saying that is where Clinic can improve for providers. ‘Provider comfort’ included three responses where simple conveniences could be offered at Clinic, such as stools while they are teaching students. Three responses said the services offered at Clinic, citing different programs they would like included. One provider answered patient follow up, and three providers said no improvements were needed.

4. Where could we improve the clinic for the patients?

The most common response was clinic efficiency, with providers citing that patients may have to wait long times for Clinic on busy nights. Other categories with two responses each were better discharge orders for patients, the Clinic services offered, better patient follow up, and that we should survey the patients for possible improvements. Two providers stated that no improvements for patients were necessary.

5. How effective is our communication with providers? What is the preferred method of communication? Email, phone, or text? Do we email too frequently?

The fifth survey question had multiple sub-questions, so it was broken into two figures. Figure 2a shows that all providers ranked the communication effectiveness with a response of good or better, using the free response format. Three providers listed good, seven listed very good, and one listed excellent.

Figure 2b indicates that nine out of eleven providers prefer communication via email. Some of those providers also listed that they prefer text messages (five responses), and that two providers prefer phone calls. It should also be noted that for the final part of this question, no responses stated that they are emailed too frequently. Some providers indicated that they could receive emails even more often than the approximately one email per week that they receive.

6. What would you say is the main reason a provider should volunteer: To help treat a vulnerable patient population, to interact with students, or something else?

Most providers listed multiple responses for their main reason for volunteering. All eleven surveyed answered for a vulnerable patient population, while nine providers answered to interact with students. Two responses, listed as self-satisfaction, were for reasons such as giving back to the community. A few varied



Figure 2a. How effective is the Clinic's Communication with Providers?

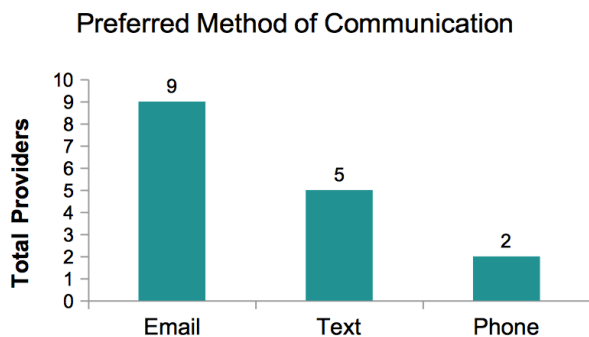


Figure 2b. What Method of Communication is Preferred by the Providers?

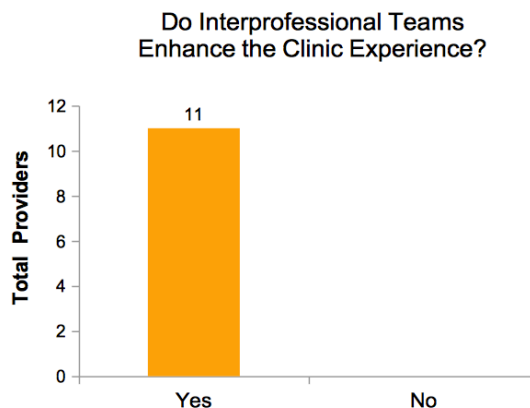


Figure 3. Do interprofessional student teams enhance the clinic experience?

responses included the interprofessional atmosphere and staying current in medicine. The provider who answered “catalyst for healthcare reform” wanted to use the opportunity to inspire students to advocate for a change to a more inclusive healthcare system.

7. Do interprofessional student teams enhance the clinic experience?

All providers surveyed said that interprofessional teams do enhance the clinic experience (Fig. 3). Some elaborated about positive experiences they have had with those interprofessional students in other fields than medicine.

8. Is the amount of time providers spend at clinic per night appropriate?

Eight of the providers said that Clinic runs for an appropriate amount of time. The three providers who answered “no” stated that more than 3 hours at CCFMC is too long for one night.

9. Do the students show appreciation for the providers' work?

All providers surveyed said that students show appreciation for the providers' work. Some providers elaborated about how they have had positive interactions with students at every Clinic.

10. Do you have any additional comments?

The answers to question 10 were varied. Many of these responses were reiterations of the previously answered survey questions, as well as telling the officers that they are doing a good job with the clinic.

Discussion

This survey offers insight into why a provider attends a student-run free clinic. It served our Clinics by allowing the Directors of Provider Recruitment to understand the needs and expectations of our specific providers. The information garnered from our survey was put into place and positively impacted our Clinics. Hopefully, the information generated can be adapted for use at student-run free clinics nationwide to ensure adequate staffing and operational clinics. Additionally, some of the ideas brought forth by the providers can be implemented at student-run free clinics elsewhere.

This study provided a new perspective on aspects of student-run free clinics that are important to providers. It taught CCC that efficiency is the most important aspect in order to maintain a happy provider team and to best help the patients. There are fewer providers than student teams, and sometimes the amount of patients that need to be seen on a given night can be daunting from the perspective of our providers. Having patients already in a room, along with student teams ready to present cases made the providers less overwhelmed and contributed to optimal care.

With an eye towards the future of medicine, every provider surveyed had a positive opinion of interprofessional teams. Many responded that they are especially helpful in areas where their own knowledge is weaker. Additionally, student interaction was listed as one of the favorite aspects of clinic. Put together, this information affirms the belief that providers are invested in teaching the next generation of healthcare professionals.

As students, officers sometimes feel that they are burdening providers by contacting them too often, or asking them to come attend a 3-5 hour

clinic after a long workday. This survey provided evidence disproving this, as 8 out of 11 providers were comfortable with the length of clinic, and all described communication as good, very good, or excellent. The three providers who stated they were not comfortable with the length of Clinics cited reasons such as feeling too tired to go for longer than three hours and needing to be up early in the morning for work. CCFMC can last up to five hours on a long night, so it is understandable that this could put a burden on providers who work full-time. Knowing that some providers would like to leave early has allowed the CCC officers to let the providers leave early when needed. It is preferable to have a provider leave early on a given night rather than to have them leave later in a frustrated mood. This type of open communication between student officers and providers is essential to the wellbeing of a student-run clinic.

This study provided a few other responses that could be adapted to other student-run free clinics nationwide. Multiple providers mentioned creating an end-of-visit summary for patients, which is something that CCC began piloting in Clinics in December 2015. Since this suggestion, CCC now has a student social work team at every clinic that serves as a checkpoint between student teams and the pharmacy. They function to provide an end-of-visit summary for the patient while also verifying that all documentation is properly filled out and signed by the appropriate parties. Additionally, a few providers requested something as simple as a stool to sit on while they discuss cases with student teams, which was implemented as soon as the data was collected.

This project was limited in that only 11 providers responded, most of whom volunteer at Clinics regularly. However, we feel that the data showed clear associations and should be considered valid.

Overall, this study provided a way to measure provider satisfaction at CCC, while also being appropriate to scale for other student-run free clinics elsewhere. We found that communicating openly with providers lead to fully staffed clinics that delivered care

to a vulnerable population while teaching students. The relationship is similar between students and providers at other clinics, therefore much of the information from this study could be scaled for use at student-run free clinics nationwide.

References

1. Clark DL, Melillo A, Wallace D, Pierrel S, Buck DS. A multidisciplinary, learner-centered, student-run clinic for the homeless. *Fam Med*. 2003;35(6):394-7.
2. Holmqvist M, Courtney C, Meili R, Dick A. Student-run clinics: Opportunities for interprofessional education and increasing social accountability. *J Res Interprof Pract Educ*. 2012;2(3):264-277.
3. Simpson SA, Long JA. Medical student-run health clinics: important contributors to patient care and medical education. *J Gen Intern Med*. 2007;22(3):352-6
4. Gertz AM, Frank S, Blixen CE. A survey of patients and providers at free clinics across the United States. *J Community Health*. 2011;36(1):83-93.
5. Nadkarni MM, Philbrick JT. Free clinics: a national survey. *Am J Med Sci*. 2005;330(1):25-31.