



Closing the Loop: Strategies and Key Approaches to Initiate, Evaluate and Expand Student-Run Free Clinics

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1. Introduction

Student-run free clinics at Drexel University College of Medicine consistently provide caring, nonjudgmental, and interdisciplinary health and advocacy services to nearly one thousand individuals annually who have limited or no access to care in the greater Philadelphia community. The Health Outreach Program (HOP) at Drexel University College of Medicine is among the largest student-run health outreach organizations in the country. HOP is made up of more than 70 student leaders who run health education programs, community outreach events, and six student-run free clinics. Each clinic caters to distinct patient populations, including adults with developmental and intellectual disabilities, injection drug users, adults in rehabilitation centers, women and children who were victims of domestic violence, and long-term homeless adults with chronic diseases. Two student chairs manage operations and funding of all HOP programs while acting as liaisons to faculty members and community advisors.

Student leadership of this organization provides a tremendously humbling opportunity to impact the health and wellbeing of countless individuals at both personal and organizational levels. Strategies and guidance for organizational structure have been identified after guiding this organization through the combined efforts of medical students, community members, healthcare professionals, and faculty.

This reflective and strategy-focused perspective by former board chairs of HOP (NKS, LJP) provides a collection of various transferable ideas and an overview of key approaches with respect to conducting a needs assessment, subsequent program development, and recommendations for organizational structure that may be used at student-run free clinics around the world.

2. Needs and Impact Assessment

Student-run free medical clinics provide health services to underserved populations; however, little is known about the impact and health outcomes of those served. A dozen free clinics and health advocacy initiatives operate under HOP. Since HOP's first clinic opened in 1989, individual patient records were maintained. There is still minimal evidence in the literature defining the impact, utility, or benefit of such services provided. In order to understand the needs of patients and communities served and to provide more impactful care in the student-run free clinics, an approach to better track our broad range of health services was adopted. A novel web-based data collection and service tracking tool was created through a standardized Google form in order to assist in assessment of services provided.

Digital Data Collection

The standardized Google form is used across six full clinics and eight health projects. It tracks all rendered services for each patient encounter, including screenings, medications, materials distributed, counseling, and other types of specialized services. Medical student volunteers, patient advocates, residents, and attending physicians collaborate to complete the form, emphasizing a patient-centered approach and teaching opportunity. No patient demographics or identifying information are recorded, leading to completely de-identified data. The form has been in effect since May 2017 and provides continuous, real-time updates to clinic leadership in a clear, visually digestible format that that can be downloaded for statistical analysis.

To date, the tracking tool has identified critical services at each clinic as well as organizational trends. Blood pressure screening is provided to more than half of patients seen, and a majority of, but not all, patients seek medical care. We have identified that a significant proportion of patients do not seek any medical care but visit our clinics seeking advocacy, education, and social services. Streetside Clinic, serving mainly those suffering from homelessness and alcohol and drug abuse, has the highest percentage of patients (11%) seeking only advocacy, education, or social services. This finding brings attention to the importance of advocacy and providing support for insurance coverage, food stamps, and transportation in addition to medical care. The tracking tool also provides insight on the relationship between patients seeking initial health care and subsequent interest in health management. Patients seen at St. Raymond's Clinic, based at a permanent shelter for chronically homeless adults, are most likely (62%) to seek additional resources after establishing initial care. The Arc of Philadelphia Clinic, where adults with developmental and intellectual disabilities are seen, reports patients to be the least likely (13%) to seek additional resources after initial care. The resulting data from each clinic site uniquely reflects each population served. Since most seeking care at Streetside Clinic have transient living conditions, they rely on both the health and advocacy services provided. In contrast, individuals at the Arc of Philadelphia Clinic have guardians, caretakers, and often primary care providers. Thus, the care provided by HOP at The Arc of Philadelphia is supplemental, not primary. Alignment between services provided and care sought at each site demonstrates the strong relationship between public health services and medicine.

With expansion of services, addition of variables, and ongoing data analysis, new insights and opportunities for more effective service arise. Ongoing data collection will allow for appropriate allocation of resources through identification of inadequate services. Long-term tracking and follow-up will more accurately determine the impact of services provided on health outcomes over an extended period of time.

3. New Program Development

New programs and health services are developed and integrated into HOP on a regular basis. During the 2017-2018 academic year, HOP successfully integrated 6 existing health education programs, developed 2 new health advocacy programs, and scaled a pilot Naloxone Outreach Program to nearly autonomous leadership.

New Program Examples

Six existing health education programs, including a stress and meditation group, smoking cessation, exercise initiative for mothers and their children, Hepatitis C screening and health fairs for refugees and immigrants, were successfully integrated into the current HOP organization.

Two new programs, Drexel CARES and Whosoever clinic, were created. Drexel CARES is a street medicine program focused on providing care to individuals without permanent housing. Whosoever clinic is a new clinic focused on providing acute care to men in a transitional living facility.

A pilot Naloxone Outreach Program, first tested in early 2017, was scaled up and developed throughout the 2017-2018 academic year. Currently, opioid overdose is the leading cause of accidental death in Philadelphia. Naloxone provides a lifesaving antidote for opioid overdoses and through education, access, and training, can dramatically reduce the number of accidental deaths. HOP was able to successfully integrate this program and train 206 shopkeepers and distribute 80 naloxone kits. In just over one year, the program documented 10 lives saved. The Naloxone Outreach Program holds seminars for other schools in the greater Philadelphia area, conducts training sessions, and is currently seeking partnerships with public health programs in the city to grow the program on a larger scale.

Implementation Strategy

For each of these programs, a small pilot program was tested approximately 1-2 times a month for 2-3 months using a small group of student volunteers before being evaluated through feedback forms. Feedback was collected from community members to assess impact, from student volunteers to assess learning and ability to provide care, and from faculty for direction regarding integration with the medical school. Adjustments to tailor each community's specific needs were made. In order to ensure students felt adequately prepared to provide care to patients, a team of 2-3 students was selected to lead each group, and a core group of 5-7 volunteers was recruited to ensure long term involvement for the entire academic year. Leadership for each

group attended multiple trainings, including skills development and sensitivity. Throughout this process, faculty provided consistent guidance regarding medical school policies and offered support to integrate such medical student volunteer efforts for academic credit in the medical school curriculum.

Institutional Integration

Over the year, these new health education programs have successfully integrated into the current HOP leadership and scaled to capacity. Each program is in constant communication with HOP leadership and provides consistent updates while receiving mentorship and support from the leadership team.

4. Organizational Development

Challenges in Transitions of Leadership

The unique structure of HOP at Drexel University College of Medicine includes core leadership positions held by second year medical students. Core volunteer support is provided by first and second-year medical students while third and fourth-year medical students provide mentorship and greater clinical guidance. Given the nature of the medical school curriculum, the core leadership, consisting of a Board of Directors and individual teams for each clinic and health project, is held by second-year students. These roles last for one year, but one must consider transitioning and training. After accounting for one month of transitioning into the role and another month training one's successor, each position is held by one student for only 11 months at a time. The rapid turnover of roles underscores the importance of strong communication, collaboration, and willingness to utilize additional support and help as needed. As a staff position, the HOP coordinator is critical to the organizational structure of HOP. This part-time position is grant and institutionally funded and acts as a consistent resource and guidance for HOP's leadership students. Our coordinator is especially helpful in maintaining continuity of our organization's efforts throughout transition of leadership and volunteer efforts during vacations and exam times. Additionally, faculty advising provided by two physicians ensures that all care and services provided meet university guidelines and regulations. These key positions are not subject to the same rapid turnover as the core student leadership and thus have the capacity to provide guidance based on the challenges and successes from previous years.

Utilization and Impact of Dedicated Personnel

The HOP organization is comprised of nearly 115 students in leadership positions in addition to rotating volunteers. Constant evaluation and feedback of all team members are critical to ensure that the leadership works well together and is supported and able to collaborate well and effectively serve the communities. Constant evaluation and feedback was collected for all leadership positions through multi-rater reviews and self-evaluation. All volunteers and leadership are given opportunities to evaluate and provide constructive feedback for any role in the organization. We have found that this especially improves accountability for leadership. These reviews were conducted twice per academic year and discussed at monthly board

meetings. Given the high volume of services provided, increasing feedback and evaluations to three times per year may be beneficial.

Program Improvement and Innovation

Finally, a key aspect to leading any student-run organization is the ability to innovate and develop new ideas for expansion and improvement of existing programs. Attending conferences and communicating with other student-run clinics around the country is critical for leadership to reflect and brainstorm new ideas for incoming board members. After attending conferences, the leadership team is able to provide resources and structured plans for new program ideas and development. Currently, HOP is researching ways to implement an immunization program, digitize current advocacy, and social work services and to involve medical residents and possibly team up with a ride-sharing transportation service to expand the scope of services provided in the greater Philadelphia area. None of these ideas would have been possible without the push for innovation and inspiration provided through collaboration and communication with similar programs across the country.

5. Conclusion

Serving in an executive position on the HOP board has provided unique insight and opportunities for reflection that we hope will benefit other student-run clinics in the country and potentially around the globe. These strategies of performing a needs assessment, developing programs, and organization structure improvement will provide a foundation to ultimately guide organizations that provide basic health care and screening services to countless individuals.

Acknowledgement

We thank our community partners, volunteer physicians, and student volunteers, who work to continually improve the impact and reach of this organization.