SHARING the Vision

A student-run conference on student-run clinics

Friday, March 27th to Sunday, March 29th

In association with: Society of Teachers of Family Medicine

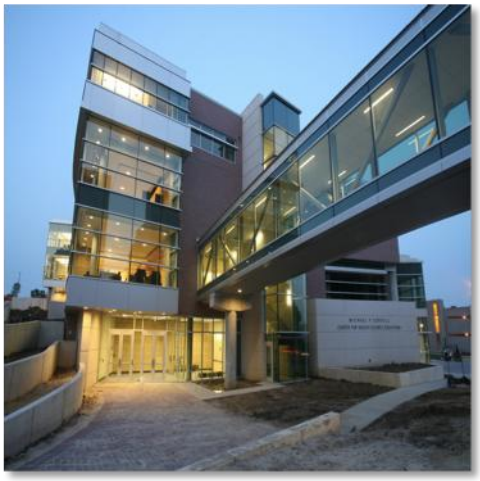
SHARING the Vision: A Student-Run Conference on Student-Run Clinics

University of Nebraska Medical Center

March 27-29th, 2009

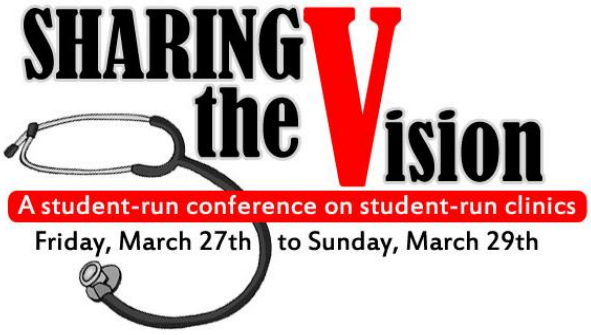
Michael F. Sorrell Center for Healthcare Education

Omaha, Nebraska



University of Nebraska Medical Center

University of Nebraska Medical Center SHARING CLINICS



Objectives

Identify the strengths and weaknesses of the student-run clinics in which they currently work or which they are currently opening.

List several strategies used to address the unique challenges of managing a student-run clinic that have been proven to work in student-run clinics across the United States.

Apply these strategies to the challenges they face in their own student-run clinics or in their work to open their own student-run clinics.

List the contact information of students from other schools, disciplines and areas of the country that are facing similar challenges in opening/running a student-run clinic.

Help inspire more schools across the country to start a student run clinic.

Conference Planning Committee

Tyler Ketterl, BS, M2
Executive Planning Committee

Kendra Lesiak, BS, MS, M2
Executive Planning Committee

Natalie Stavas RN, BSN, M2
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Audrey Paulman, MD
Planning Committee Faculty Advisor

Robin Crow, BS, P3
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Julie Lanning, RN, BSN, NP3
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Craig Johnson, BS, M2
Conference Planning Committee

Diana Podlecki, BS, PA1
Conference Planning Committee

Suzanne Wing, BS, PT2
Conference Planning Committee

We would like to take this opportunity to recognize the many generous donors who made this conference possible. Thank you for believing in our dream to bring students, faculty and staff together to engage in dialogue about student-run clinics. We hope this will be an inspiring and educational weekend for all our attendees.

DONORS

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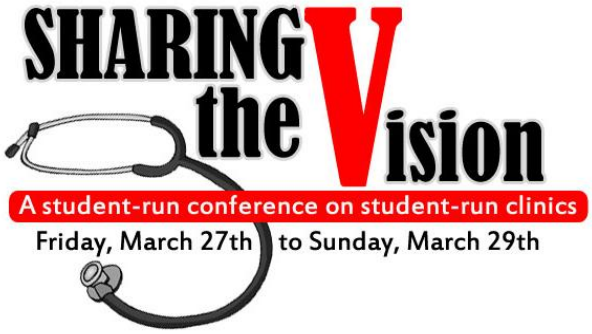
Panel Participants

Alex Lesiak, BS, MS, M2

Kristen Cook, PharmD, BCPS

Luisa Palomo, BA

Bruce Lovejoy, MSN, APRN-NP, FNP



Schedule of Events

Friday March 27th

5:00 **Registration Meet and Greet**
Linder Reading Lounge

6:00 **Introduction and Welcome To Conference**
Truhlsen Event Center

6:30 **Dinner**
Truhlsen Event Center

7:30 **Opening Address**
Richard Usatine MD
Amphitheater 3001

7:45 **UNMC SHARING Clinic: Our Story**
Sharing clinic student board

8:30 **Perspectives on Serving: Panel on serving the underserved**
Bruce Lovejoy, MSN, APRN-NP, FNP
Kristen Cook, PharmD, BCPS
Alex Lesiak, BS, MS
Luisa Palomo, BS

9:30 **Downtown Omaha Social Hour**

Saturday March 28th

8:00 **Breakfast**
Linder Reading Lounge

8:45 **Introduction to the Day**
Amphitheater 3001

9:00 **90 min Tract Session- 3 options to attend:**
The following are lists of schools that will be presenting. Please feel free to attend any session you are interested in.

1. **Continuity of Care:** Sorrell 2010
    - Vanderbilt University School of Medicine
    - University of Medicine and Dentistry of New Jersey
    - University of Nebraska Medical Center

2. **Establishing and Maintaining a Cost Effective Pharmacy:** Sorrell 2014
    - Creighton University Medical Center
    - University of Nebraska Medical Center College of Pharmacy
    - University of Missouri – Kansas City
3. **Incorporating Physical Therapy into Student-Run Clinics** Sorrell 2016
    - University of South Alabama
    - University of Nebraska Medical Center
    - Grand Valley State University

10:30 **Break, Poster Session, and tour of Clinical Skills Lab**
Second Floor Atrium
Clinical Skills Lab

11:00 **60 min Small Group Presentations – 3 options**

The following schools will be presenting at each session. Please feel free to attend any session you are interested in

1. **Starting a Clinic and Patient Enrollment:** Sorrell 2010
    - University of Washington School of Medicine
    - University of Minnesota

2. **Assessing Attitudes of Health Professionals and Statewide Network of Diabetes Clinics** Sorrell 2014
    - University of Nebraska Medical Center
    - University of Colorado Denver

3. **Discussion forum on how to incorporate nursing into student-run clinic; How to Provide Effective Interdisciplinary Care** Sorrell 2018
    - University of Nebraska Medical Center

- University of British Columbia, Canada

12:00 **Lunch**
Linder Reading Lounge

1:15 **Intro to Afternoon**
Amphitheatre 3001

1:30 **60 min Small Group Presentation- 3 options:**

The following schools will be presenting in each session. Please feel free to attend any session you are interested in.

1. **Overview of Clinic Models** Sorrell 2010
   - Georgetown University School of Medicine
   - Creighton University Medical Center
   - Colombia University
   - University of Miami Miller School of Medicine
   - University of Kansas School of Medicine
   - University of Regina

2. **Transitioning the Board/Building a Website and Clinic Sustainability** Sorrell 2014
   - University of Kansas School of Medicine
   - University of Nebraska Medical Center

3. **Women's Reproductive Health** Sorrell 2018
   - NYU School of Medicine

2:30 **Break and Poster Session**
Linder Reading lounge, 2nd Floor Atrium

3:00 **60 min Small Group Presentation- 3 options**:

The following schools will be presenting in each session. Please feel free to attend any session you are interested in.

1. **Acute care vs. Chronic care Open Discussion Session** Sorrell 2010

2. **Health Perceptions of the Underserved/Follow ups** Sorrell 2014
   - University of Nebraska Medical Center
   - University of Kansas Medical Center

3. **Faculty and Staff Open Discussion Forum** Sorrell 2014

4:00 **Open**

6:00 **Cocktail Hour and Hors d'ourves**
Campus Events Center, Sorrell 1st Floor

7:00 **Dinner**
Truhlsen Event Center, Sorrell 1st Floor

8:00 **Keynote Speaker**
Dr. Joan Y. Reede, MD MPH, MBA

8:45 **Dessert and Live Music**

Sunday March 29th, 2009

9:00-11:00 **Breakfast and Networking Party/ Poster Viewing**

Disclosure Declaration

As a provider accredited by ACCME, the University of Nebraska Medical Center, Center for Continuing Education must ensure balance, objectivity, independence, and scientific rigor in its educational activities. Faculty are encouraged to provide a balanced view of therapeutic options by utilizing either generic names or the trade names of several to ensure impartiality.

All faculty and planning committee members participating in a University of Nebraska Medical Center, Center for Continuing Education activity are required to disclose commitments to and/or relationships with pharmaceutical companies, biomedical device manufacturers or distributors, or others whose products or services may be considered to be related to the subject matter of the educational activity. Disclosure of these commitments and/or relationships is included in these course materials so that participants in the activity may formulate their own judgments in interpreting its content and evaluating its recommendations.

This activity includes presentations in which faculty may discuss off-label and/or investigational use of pharmaceuticals or instruments not yet FDA-approved. Participants should note that the use of products outside currently FDA-approved labeling should be considered experimental and are advised to consult current prescribing information for FDA-approved indications.

The following indicates the faculty and planning committee disclosure declaration information and the nature of those commercial relationships. Likewise, it is incumbent upon faculty to verbally disclose such interests/commitments at the beginning of their presentation at the educational activity.

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The following faculty and planning committee have listed no financial interest/arrangement or affiliation that would be considered a conflict of interest.

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This program meets the criteria of an approved continuing education program for social work.

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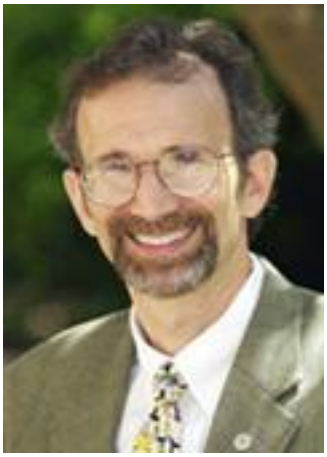
Keynote Speakers

Dr. Richard Usatine, MD



Richard Usatine is a full Professor in the Department of Family and Community Medicine and Assistant Director of Medical Humanities Education at the University of Texas Health Science Center at San Antonio. He received his MD from Columbia University and completed his family medicine residency at UCLA Medical Center. He is the co-author of 4 books and over one-hundred articles. He has won numerous teaching awards and loves teaching medical students to become compassionate doctors. Dr. Usatine has been working with medical students to provide health care to homeless families and the medically underserved since 1984. He was the medical director of 4 free clinics for homeless individuals and families in Los Angeles. Dr. Usatine was recognized in 2000 as the national recipient of the Humanism in Medicine Award, by the Association of American Medical Colleges. He has been chosen as one of The Best Doctors in America yearly for 9 years. Dr. Usatine co-founded the medical student-run clinic at Alpha Home (a residential chemical dependency treatment program for women) that opened in January of 2005. He created a Humanism in Medicine Fellowship for medical students that work throughout their senior year at the Alpha Home Clinic. In 2008, Dr. Usatine won the Volunteer of the Year Award from the United Way of San Antonio and Bexar County in the category of Individual in Service to an Agency.

Dr. Joan Y. Reede, MD, MPH, MBA

Appointed as the first Dean for Diversity and Community Partnership in January 2002, Joan Y. Reede is responsible for the development and management of a comprehensive program that provides leadership, guidance, and support to promote the increased recruitment, retention, and advancement of under-represented minority faculty at Harvard Medical School (HMS). This charge includes oversight of all diversity activities at HMS as they relate to faculty, trainees, students, and staff.

Dr. Reede is director of the Minority Faculty Development Program and faculty director of Community Outreach Programs at Harvard Medical School. In addition, she holds the appointments of associate professor of medicine at HMS, associate professor of society, human development, and health at the Harvard School of Public Health, and assistant in health policy at Massachusetts General Hospital.

Prior to coming to HMS in 1989, Dr. Reede served as the medical director for a Boston community health center and for the Commonwealth of Massachusetts Department of Youth Services. Dr. Reede worked as a pediatrician in community and academic health centers, juvenile prisons, and public schools.

The impact of Dr. Reede's work is reflected in the numerous programs she has created to benefit minority students, residents, scientists, and physicians. Over the past fifteen years, Dr. Reede has created and developed more than 16 programs at HMS that aim to address pipeline and leadership issues for minorities and women who are interested in careers in medicine, academic and scientific research, and the healthcare professions. Supported by a dedicated staff, she has developed mentoring programs for under-represented minority students from the middle school through the graduate and medical school levels. Dr. Reede has also designed a training program for middle and high school teachers, developed science curricula for public schools, implemented research and exchange clerkship programs at HMS, and designed and implemented two innovative fellowships in minority health policy for physicians, dentists, and doctoral- level mental health professionals.

In addition, Dr. Reede founded the Biomedical Careers Program (BSCP) in collaboration with the Massachusetts Medical Society and the New England Board of Higher Education. BSCP is a collaborative, community-based organization involving academia, private industry, medical centers, public education, and professional societies. This organization is designed to identify, support, and provide mentoring for under-represented minority students, trainees, and professionals pursuing biomedical careers.

In recognition of her far-reaching accomplishments, Dr. Reede has received numerous awards, including the following four. In 1986, she received the Boston NAACP Health Award for contributions to the health of the Boston minority community. Dr. Reede was awarded the 1993 Community Service Award from the Epilepsy Association of Massachusetts in recognition of her work on a live, five-part satellite series on neuroscience for high school teachers in New England.

In 1996, she received the American Association of University Administrators Exemplary Models of Administrative Leadership Award. Two years later, in 1998, Dr. Reede was named a Center for Disease Control and Prevention/University of California Public Health Leadership Institute Scholar. In 2005, Dr. Reede received the Herbert W. Nickens Award from the Society of General Internal Medicine and the Herbert W. Nickens Award from the Association of American Medical Colleges. She received the Academic Leadership in Primary Care Award from Morehouse School of Medicine. In 2006, she was recognized by *Modern Healthcare* magazine as one of "the top 25 minority executives in healthcare" and by *Ebony* magazine in their annual women's health section as one of six "medical movers and shakers". Dr. Reede was awarded the Riland Medal for Public Service from the New York College of Osteopathic Medicine and an honorary Doctor of Science degree from the New York Institute of Technology in 2007.

On the national level, Dr. Reede was appointed to the Health and Human Services Advisory Committee on Minority Health by Donna E. Shalala, former Secretary of Health and Human Services, and has served on the Board of Governors for the Warren Grant Magnuson Clinical Center, the National Advisory Dental and Craniofacial Council of the National Institutes of Health, the Secretary's Advisory Committee on Genetics, Health, and Society, and as a Commissioner of The Sullivan Commission on Diversity in the Healthcare Workforce. Dr. Reede formerly served on the on the Secretary's Advisory Committee to the Director of the National Institutes of Health, and is currently on the Sullivan Alliance to Transform America's Health Professions. Dr. Reede serves as a member of the Continuing Education Committee of the American Public Health Association, The Satcher Health Leadership Institute of Morehouse School of Medicine Initiative National Advisory Board, and The Hispanic Medical Association. In 2007, Dr. Reede was voted to the membership in the Medical Administrators Conference. Locally, former Massachusetts Governor Jane Swift appointed Dr. Reede to the Board of Directors of the John Adams Innovation Institute of the Massachusetts Technology Collaborative. Also in 2007, Dr. Reede was invited to join the Massachusetts Life Sciences Collaborative Task Force, one of several task forces charged with developing a statewide life sciences strategy. Dr. Reede is the 2008 Homer G. Phillips Hospital Public Health Lecturer at Washington University in St. Louis School of Medicine, and recently was elected to the Health Research & Trust Board of Directors.

Dr. Reede graduated from Brown University and Mount Sinai School of Medicine. She completed her pediatric residency at Johns Hopkins Hospital in Baltimore, Maryland, and a child psychiatry fellowship at The Children's Hospital Boston. She holds an MPH and MS in health policy and management from Harvard School of Public Health, and an MBA from Boston University.

Break Out Session Descriptions

9 am – 10:30 am **90 min Tract Session (3 choices):**

Continuity of Care Sorrell – Room 2010

- Comprehensive Diabetes Care: The Patient Health Educator Program at Shade Family Clinic
    - Vanderbilt University School of Medicine
        - Alon Peltz, BS
        - Meredith Albin, BA
- Improving Quality of Care in a Student-Run Clinic
    - University of Medicine and Dentistry of New Jersey – New Jersey Medical School
        - Jennifer Gillen, BS
- Establishing Continuity Among Chronic Care Patients
    - University of Nebraska Medical Center
        - Erica Peterson, BS
- Continuity of Care at a Student-Run Clinic
    - University of Nebraska Medical Center
        - Heidi Hansen, BA

Establishing and Maintaining a Cost Effective Pharmacy - Room 2014

- Pharmacy's Involvement in Magis Clinic and Future Explorations
    - Creighton University Medical Center
        - Johnny Chau, BS
        - Emily Kathol, BS
        - Danielle Wosick, BS
- "Formularies, Assistance Programs, and Dispensing, oh my!" – Medication Access and Management in a Student-Run Clinic for the Uninsured
    - University of Nebraska Medical Center College of Pharmacy
        - Robin Crow, BS
        - Megan Nelson, BS
        - Elizabeth Eickman, MS
        - Kristen Cook, PharmD, BCPS
- The Financial Impact that UMKC Pharmacy Students Can Have in the Lives of Low-Income Patients
    - University of Missouri - Kansas City
        - Cameron C. Lindsey, PharmD, BC-ADM
        - Kristin Fish, BS
        - Kara Miller, BS
        - Danielle Nagel, BA

Incorporating Physical Therapy into Student-Run Clinics - Room 2018

- A Student Managed Physical Therapy Clinic Based on Needs of a Local Community: Integration into a DPT Curriculum
    - University of South Alabama
        - Jeremy Fletcher, SPT
        - Martha McDaniel, SPT
- Incorporating Physical Therapy Into Student-Run Clinics
    - University of Nebraska Medical Center
        - Suzanne Wing, BS
        - Rachel Wyman, BS
- Student Development of Pro Bono Physical Therapy Service for Underserved
    - Grand Valley State University
        - Susan Allaben, MS, PT

10:30 am – 11 am **Break and Poster Session**

11 am – 12 pm **60 min Small Group Presentation 1 (3 choices):**

Starting a Clinic and Patient Enrollment - Room 2010

- Al Shifa Health Resource Center
    - University of Washington School of Medicine
        - Danna Lei, BS
        - Avi Hecht, BS
- Addressing Barriers to Patient Enrollment in Public Health Insurance Programs at the Phillips Neighborhood Clinic
    - University of Minnesota
        - Kristen Godfrey, BS
        - Remy Wong, BS

Assessing Attitudes of Health Professionals and Statewide Network of Diabetes Clinics - Room 2014

- Assessing Attitudes of Health Professions Students Toward Underserved Patient Populations - A Mixed Methods Study
    - University of Nebraska Medical Center
        - Mark P. Christiansen PA-C, MS
        - Susan Beidler PhD, MBE, APRN, BC
        - Jennene Geske PhD
- Creating and Maintaining a Network of Student-run Diabetes Clinics Throughout Colorado
    - University of Colorado Denver
        - Wesley Nuffer, PharmD

Discussion Forum on Incorporating Nursing into a Student-Run Clinic and How to Provide Effective Interdisciplinary Care - Room 2018

- Nurse Practitioners and Student-Run Clinics: Get Involved
    - University of Nebraska Medical Center
        - Julie Lanning, RN, BSN
        - LaTasha Berks, RN, BSN
- Community Service Learning and Interprofessional Practice for Students by Students
    - University of British Columbia, Canada
        - Sean Nixon, MS
        - Florina Feng, MS

12 pm – 1pm **Networking Lunch**

1:15 pm **Intro to Afternoon**

1:30 pm – 2:30 pm **60 min Small Group Presentation 2 (3 choices):**

Overview of Clinic Models - Room 2010

- Leaping the Hurdles to Providing Free Patient Care
    - Georgetown University School of Medicine
        - Aaron Laviana, BS
        - Jonathan Kiechle, MS
- The Creighton Magis Clinic: Healthcare in the Spirit of Generous Excellence
    - Creighton University Medical Center
        - Laura Cudzilo, BA
- The Next Level of Care: Innovation and Expansion at Well Established Student-Run Clinics
    - University of Miami Miller School of Medicine
        - Alex Velasquez, BS
- The Columbia-Harlem Homeless Medical Partnership (CHHMP): An innovative medical student-run service learning initiative
    - Colombia University College of Physicians and Surgeons
        - Daniel Neghassi, BS
- Jaydoc Free Clinic: A Model for Student Governance in Student-Run Free Clinics
    - University of Kansas School of Medicine
        - Rigoberto Ramirez, BS
        - Laurel Witt, BS
        - Elizabeth Stephens, MA
- SWITCH – Advancing the Health of Our Community Through an Interprofessional Student-Managed Wellness Center
    - University of Regina
        - Carole Courtney, BSW

Transitioning the Board/Building a Website and Clinic Sustainability
Room 2014

- Peer-driven Internet Tool for Leadership Transition and Best Practices Development
    - University of Kansas School of Medicine
        - Ryan Smith, BS
- SHARING Our Approach: Incorporating Private and Corporate Donors, Events and Grant-writing into Multifaceted Fundraising
    - University of Nebraska Medical Center
        - Mac Longo, BA
        - Robert Dahlquist, BS
        - Sarah Bryan, BA

Women's Reproductive Health - Room 2018

- NYC Women's Health Free Clinic: A Model for Expanding Reproductive Health Services and Training
    - New York University School of Medicine
        - Honor MacNaughton, MD
        - Maura RZ Madou, BS
        - Eugenia E. Lee, BA
        - Sara-Megumi L. Naylor, BS

2:30 pm – 3 pm **Break and Poster Session**

3 pm – 4 pm **60 min Small Group Presentation 3 (3 choices):**

Acute Care Open Discussion Session - Room 2010

Chronic Care Open Discussion Session - Room 2014

Health Perceptions of the Underserved/Follow-ups - Room 2018

- Health Perceptions of the Underserved
    - University of Nebraska Medical Center
        - Angie Prescher, BS

- Social Services and Tracking Patient Referrals in a Safety Net System
    - University of Kansas Medical Center
        - Voytek Slowik, BS

Comprehensive Diabetes Care: The Patient Health Educator Program at Shade Family Clinic

Alon Peltz, BS
Meredith Albin, BA
Vanderbilt University School of Medicine

The Shade Tree Family Clinic (STFC) is a medical student-run community health clinic serving Northeast Nashville, a neighborhood in which an estimated 35% of residents are uninsured. Diabetes Mellitus is particularly prevalent in the community, where over 10% of people reported being told by a physician they had diabetes. To respond to this recognized need, student leaders of STFC initiated an innovative approach to providing continuity of care for patients with diabetes, the Patient Health Educator (PHE) program. The PHEs are medical students who have been trained in diabetes care and education by specialists at the Vanderbilt Diabetes Clinic. The PHEs establish one-on-one relationships with their patients, work with them to develop unique care plans, and manage their medication regimens. Through this relationship, the PHEs have helped patients reach nutritional, exercise, and treatment adherence goals. Overall this program has been successful. Of the 51 patients who are currently enrolled in the program, hemoglobin A1C levels (1.03) have decreased from the first visit to the subsequent testing, and the rate of patients receiving annual dilated eye exams (62%) is exceeding the national average. Importantly, our patients now express confidence in their level of understanding of diabetes. Recognizing that diabetes extends beyond the medical setting to the patient's daily life, students have developed further programs including a weekly Weight Watchers class and social support group to help patients initiate positive long-term lifestyle changes.

NOTES

Improving Quality of Care in a Student-Run Clinic

Jennifer Gillen, BS
Robin Schroeder, MD
University of Medicine and Dentistry of New Jersey – New Jersey Medical School

The Student Family Health Care Center has been in operation since 1967. Because of this, we have many patients who have been coming to us for several years. Although we were using an electronic medical record, the student teams were usually using the paper chart (printout of the patient visits) for review prior to seeing the patient. This was not very thorough or efficient. This year, we have instituted detailed database/flowchart facesheets, so that important, relevant information is available at a glance. This includes important portions of the medical history, acute and chronic problems, medications, preventive recommendations/procedures and tracking of blood pressure, BMI, and various significant laboratory values. Currently, the database forms are updated at each visit. A fourth year student project has facilitated thorough review of the entire electronic and paper chart for a given patient. Additionally, the student identifies issues that need to be addressed with an individual patient, and writes this in the summary for the next group to see the patient. The goal is to complete all chart reviews by the end of the academic year.

The presentation will describe the process by which the content of the forms was developed. For example, the USPSTF recommendations were used to determine which preventive counseling and procedures would be included. Additionally, the items that were historically difficult in terms of quality of care in a changing provider system were identified and included on the forms.

The chart review and care recommendations have been instituted for three different groups of fourth year students for academic credit. SFHCC students who have not achieved their continuity of care requirement may complete this process for a patient that they have seen at least twice. Our fourth year student directors have been able to participate in this project as fulfillment of their Public Health requirement (permission was obtained through the course director). And SFHCC students who have a particular interest in improving the quality of care in the clinic setting have participated in the chart review/recommendation process via a research elective in Family Medicine. The faculty advisor for clinic has acted as the faculty advisor for each of these groups of students.

We will share the database/flowchart facesheets and describe the impact that they have had for each student group and faculty preceptor as they see patients in our clinic. We will describe the data analysis process that will be used to document improvements in the quality of care resulting from the institution of these forms.

NOTES

Establishing Continuity Among Chronic Care Patients

Erica Peterson, BS
University of Nebraska Medical Center

The demand for improved continuity and provision of quality chronic care for underserved patients

a. Free clinics have become the safety net.
b. Adverse consequences of being uninsured
c. Demand for chronic healthcare provision for the following health conditions: hypertension, diabetes mellitus, depression, asthma, hyperlipidemia, obesity, tobacco abuse/dependence, congestive heart failure, chronic atrial fibrillation
d. Obstacles facing student-run clinics when it comes to chronic illness

Components of quality health care provision for chronic care patients: Strategies adopted by free clinics and student-run clinics.

a. Preventative Services
    i. Cancer screening
    ii. Cardiovascular risk reduction
    iii. Periodic lab services
    iv. Immunizations
    v. Substance abuse treatment
    vi. HIV testing
    vii. Chronic medications
    viii. Occasional specialty visits
b. Chronic Care Model
    i. Community resources and policies
    ii. Health care organization
    iii. Self-management support
    iv. Delivery System Redesign
    v. Decision support
    vi. Clinical information systems

NOTES

Continuity of Care at a Student-Run Clinic

Heidi Hansen, BA
University of Nebraska Medical Center

I. Continuity of Care Background
   A. Definition of continuity of care
      - Provider Continuity
      - Practice Continuity
   B. Strengthening primary care
      - Benefits of continuity in-patient care
      - Barriers to continuity of care
      - Effects of disruptions in patient care
II. SHARING Continuity of Care Program
   A. Establishing a model of continuity of care
      - The need for continuity at SHARING
      - Create patient-student relationships
      - Support from faculty
   B. Maintaining continuity at SHARING
      - Increase clinic efficiency
      - Address patient reliability
   C. Educational aspects for healthcare students
      - Enhance clinical skills
      - Follow-up with patient care
      - Navigate the healthcare system
III. Discussion of Continuity of Care
   A. Continuity at other student-run clinics
   B. Suggestions to improve continuity at SHARING

NOTES

Pharmacy's Involvement in Magis Clinic and Future Explorations

Johnny Chau, BS
Emily Kathol, BS
Danielle Wosick, BS
Creighton University Medical Center

The Magis Clinic is a pro bono medical clinic in Omaha that treats homeless people and the medically uninsured. The clinic provides basic acute primary care consultations, physical exams, mental health care, STD testing, laboratory services, pharmaceuticals and referral services. The Magis Clinic is a student-run facility that provides care to all men and women seeking care. The services provided helps foster a continuity of care to those less fortunate and instill a student's desire for lifelong learning and service.

Creighton University School of Pharmacy and Health Professions is a recent addition to the Magis Clinic. The first step involved the incorporation of the pharmacy program into the existing system. Pharmacy students provide medical students and physicians a source of drug information, medication use, and adverse effect evaluation.

The Magis Psychiatry Clinic occurs every two weeks on Saturdays. The patient care team includes a psychiatrist, four medical students, a pharmacist, two pharmacy students, a clinic manager and two other assistants. This is a drop-in indigent psychiatry clinic inside of an adult homeless shelter. Each patient is briefly assessed by two medical students prior to being seen by the psychiatrist. Prescribed medications come from a list of eleven psychotropics available at the clinic. The pharmacy student and pharmacist dispense the medications and provide written and verbal patient medication education. The pharmacy members of the team also provide drug information and pharmacotherapeutic information to the clinic.

One current challenge is how to deal with the transient clientele. Education makes a pharmacist an ideal health care professional to assist in the management of chronic diseases. In a grant funded acute clinic, limitations exist. Establishing a formulary is challenging since generic medications must be used to control costs, which limits therapeutic options. Further exploration will be needed to optimize abilities in this practice setting.

NOTES

"Formularies, Assistance Programs, and Dispensing, oh my!" – Medication Access and Management in a Student-Run Clinic for the Uninsured

Robin Crow, BS
Megan Nelson, BS
Elizabeth Eickman, MA
Kristen Cook, PharmD, BCPS
University of Nebraska Medical Center College of Pharmacy

A. History
    1. Concept and Planning
    2. Pharmacy Vision
    3. Acute treatment versus chronic treatment
    4. Student and Faculty Board Representation
    5. Expansion in SHARING clinic
B. Pharmacy Operations
    1. Medication Access
        a. Pharmaceutical Samples
        b. Incident to Practice Dispensing
        c. Hope Pharmacy- Written prescriptions
            i. Background on pharmacy
            ii. Maintaining relationships with pharmacy
            iii. Communication
        d. Medication Assistance Programs
    2. Pharmacy Staff
    3. Student Board Member Roles
C. Pharmaceutical Cost Control
    1. Formulary Management
    2. Budget
    3. Diabetic Testing Supplies
D. Educational Development/ Clinical Activity
    1. College of Pharmacy Support
        a. Volunteering requirements for Pharmacy Students
        b. Interdisciplinary Care Model
    2. Prospective Drug Utilization Review
    3. Pharmacist Directed Clinic Visits

NOTES

The Financial Impact that UMKC Pharmacy Students Can Have in the Lives of Low-Income Patients

Cameron C. Lindsey, PharmD, BC-ADM
Kristin Fish, BS
Kara Miller, BS
Brenda Nagel, BA
University of Missouri - Kansas City

I. History
  A. Background
    1. Operations
      a. Hours and days
      b. Number of volunteers
      c. Location
    2. Patients served
  B. Relationship development between clinic and students
  C. Evolution of student pharmacist involvement over the years
    1. Student organization volunteers
    2. Academic Service Learning
    3. Number of student volunteers
  D. Evolution of the Patient Assistance Program
II. Volunteer training
    A. Manual
      1. Timeline of the night's activities
      2. Step-by-step instructions on entering and receiving needed medications
      3. Supplemental requirements for each drug manufacturer
    B. Mock clinic night
      1. Purpose
      2. Tour of facility
      3. Overview of medical and PAP charts
      4. Review of various income documents
      5. Review of computer software
      6. Small group case examples
      7. Large group reflection on cases
    C. Oversight by seasoned volunteer for new volunteers first night
III. Night at the clinic
  A. Medications delivered and organized
  B. Documentation of medication received
    1. Patient, medication name, strength, quantity, manufacturer and phone number
    2. Receipt in the computer
    3. Receipt in PAP chart
  C. Verification of medication with medical record
  D. Bag and store
  E. Troubleshooting of returned applications
  F. Assisting patients
    1. Refill orders
    2. Pick up of received medications

a). Counsel on instructions
b). Inquire about adverse events
3. New orders from prescribers
4. Glucose monitor teaching
5. Insulin injection education
6. Make therapeutic substitutions
7. Identify medications for dispensary or requiring a prescription

G. Complete application forms
1. Complete missing information
2. Attach income requirements
3. Obtain patient and prescriber signature
4. Mail or fax applications

IV. Financial impact
A. Methods
1. List of medications received
a). Medication name
b). Strength
c). Quantity
d). Manufacturer
2. Tabulation of applications submitted
3. Acquired average wholesale price (AWP)

B. Results
1. Total number of applications submitted
2. Number of patients receiving medication and cost by manufacturer
3. Total cost of medications received
4. Percent success rate of applications
5. Average number of medications per patient
6. Comparison of brand versus generic cost

C. Conclusion

NOTES

A Student Managed Physical Therapy Clinic Based on Needs of a Local Community: Integration into a DPT Curriculum

Jeremy Fletcher, SPT
Martha McDaniel, SPT
University of South Alabama

There are several purposed benefits of integrating a student managed physical therapy clinic into a Doctor of Physical Therapy program.

These benefits include:

1. Provision of clinical learning opportunities integrated with the didactic portion of the curriculum
2. Provision of pro bono physical therapy services to patient/client populations with limited access to such services,
3. Promotion of interdisciplinary collaboration by educating referral sources
4. Development of student leadership skills and incorporation of self-assessment through reflective writings related to the pro bono services.

Challenges presented to managing a student run clinic

1. What challenges have we had already
    a. Staff/PT availability to supervise therapy services provided by students
        i. Teaching loads of faculty involved
    b. Current location; however, new facility will allow for improvement with possibility of locating near University Student Health Services and Faculty/Staff Urgent Care Clinic
    c. Adjusting current curriculum to allow for more clinic exposure
2. Potential challenges
    a. Desire by University to start to bill for services where possible
    b. Overload on students and faculty in an already packed curriculum

Clinical Model:

1. Observation in medical clinics
    a. To observe other health care professionals
    b. Exposure to various patient populations
    c. Providing pro bono services to those patient populations
    d. Education referral sources on what PT can offer their patients
2. Provision of intervention and prevention within the community
    a. Explanation of role of PT in community wellness

PT Clinics:

- Adolescent Sports Physical Therapy Clinic
- Athletic Training Clinic
- Work Injury Prevention Program
- Adolescent Exercise Classes
- After School Teen Center Exercise Intervention for Pregnant Teens
- Prenatal and Postpartum Posture and Body Mechanics Education

NOTES

Incorporating Physical Therapy Into Student-Run Clinics

Suzanne Wing, BS
Rachel Wyman, BS
University of Nebraska Medical Center

I. Introductions
   A. Getting to know the clinics
   B. How are physical therapists involved?
   C. Getting started…
II. An interdisciplinary approach to implementing Physical Therapy into student-run clinics
   A. Benefits?
   B. Barriers?
   C. The SHARING model
III. A patient case
   A. "Typical" Physical Therapy intervention
   B. Challenges within a student-run clinic
   C. Problem solving… Finding an "effective plan of care"

NOTES

Student Development of Pro Bono Physical Therapy Service for Underserved

Susan Allaben MS, PT
Grand Valley State University

I Components of Start-up S '99
- A. Project proposal
- B. Network support
- C. Needs Assessment
- D. Development of services

II Service Delivery
- A. Student Coordinator Selection & Responsibilities
- B. Delivery Model
- C. Quarterly Reporting

III. Outcomes
- A. Student feedback
- B. Community response

IV. Challenges
- A. Transition Management
- B. Flow of PT volunteers
- C. Community partner concerns about liability

NOTES

Al Shifa Health Resource Center

Danna Lei, BS
Avi Hecht, MS
University of Washington School of Medicine

1. Intro
    a. History of Al Shifa
    b. Mission
    c. Populations targeted
    d. 3 pronged approach: pt outreach and referral, pt education, med education
    e. Primary care in Seattle
    f. Funding
    g. Org chart
2. Clinic model
    a. Location
    b. A typical clinic day
    c. Referral system
    d. Ancillary services
    e. EMR
    f. Future projects
3. Health outreach
    a. Health fairs
    b. Targeted population
    c. Community organizing
    d. Patient education
4. Med education
    a. Breadth of experience involved in organization
    b. Workshops
    c. Undergrads
    d. Pipeline for primary care
5. Summary and future vision
    a. Diagnosis and treatment- acute care
    b. Expand outreach

NOTES

Addressing Barriers to Patient Enrollment in Public Health Insurance Programs at the Phillips Neighborhood Clinic

Kristen Godfrey, BS
Remy Wong, BS
University of Minnesota

The Phillips Neighborhood Clinic (PNC) is a free, student-run clinic in a medically underserved area in Minneapolis, Minnesota. Approximately 89% of PNC patients are uninsured and it is unknown how many are eligible for public programs. This is of significance because patients who are eligible for public programs may have access to more comprehensive and consistent care through Minnesota Health Care Programs. As a safety net provider, the PNC focuses on providing care for those who do not have access elsewhere. The Community Health Worker role was developed at the PNC in Spring 2007 to address the barriers of patient enrollment in public programs. The initial program screened for eligibility and provided application assistance. This presentation will outline techniques for implementing a screening and enrollment intervention to improve enrollment for eligible patients, discuss barriers to enrollment for eligible patients, and make recommendations that can be applied to the PNC, other student run and community clinics, and public policy.

NOTES

Assessing Attitudes of Health Professions Students Toward Underserved Patient Populations - A Mixed Methods Study

Mark P. Christiansen PA-C, MS
Susan Beidler PhD, MBE, APRN, BC
Jennene Geske PhD
University of Nebraska Medical Center

The research problem

There is a growing need for health care practitioners in primary care, especially in underserved rural and urban settings. Despite this need a growing number of graduates are choosing to enter practice in areas and specialties that are not considered underserved.

Past research on the problem

A number of quantitative studies have looked at the attitudes of medical students and residents toward working with underserved patients. These studies have shown students' attitudes to become less favorable over time while in training.

Deficiencies in past research and one deficiency related to a need to collect both quantitative and qualitative data.

Previous studies have been done almost exclusively on medical students and residents. Although Physician Assistants (PAs) and Nurse Practitioners (NPs) have often chosen to enter practice in areas of need, there are no studies looking at the physician assistant students' attitudes toward working with underserved populations, or the effect of physician assistant training on these attitudes.

It is important to look at quantitative survey data and to compare the findings in PA and NP students with that of medical students. Very few of the previous studies have collected qualitative data using either a strictly qualitative of mixed methods approach. By adding a qualitative component using focus groups to the study it is expected that further insights will gained in understanding the findings of the qualitative survey data, and to identify other factors affecting student attitudes either positively or negatively.

The audiences that will benefit from the study

Audiences that will benefit from the study are health professions students, practicing health professionals, and educators. Ultimately it is felt that the study can have an impact on improving care to underserved patient populations and on health care policy.

Purpose

The purpose of this study is to evaluate the attitudes of health professions students toward working with medically underserved and indigent multicultural populations utilizing a mixed methods research design. The assessments will look at the effect of didactic and clinical experiences both on these health professions students.

Quantitative, qualitative, and mixed methods research questions/hypotheses

Quantitative research questions: 1. Do health professions students' attitudes toward underserved patients become less favorable during their professional training? How does the change in attitudes of physician assistant students and nurse practitioner students over time compare to that of medical students reported in the literature?

Qualitative central question: What are the factors that influence health professions students' attitudes either positively or negatively?

Mixed methods research question: What are the experiences with underserved patients or other factors that the students in the focus groups report having that help to explain findings from the quantitative survey data?

Philosophical foundations for using mixed methods

Quantitative data analysis of the pre and post surveys will be useful to follow trends of attitude change throughout the professional training process both didactic and clinical. Qualitative data analysis from the focus groups will be done pre- and post-training and will be used to explore factors that might impact student attitudes. Mixed methods analysis will look at significant findings from the qualitative survey data analysis and seek to find qualitative themes from the focus groups that add understanding or explanation of the findings.

Review of the Literature

An extensive literature search will review applicable research on the subject of interest and related topics. Quantitative, qualitative and mixed methods studies will be included in the review.

Methods

A definition of mixed methods research

The type of design used, and its definition

An explanatory design will be used for the study. This will consist of a two-phase mixed methods design. The qualitative data will be use to help explain and build upon the initial quantitative results from the survey data analysis.

Challenges in using this design

Quantitative data collection and analysis

The quantitative component of the study will use the existing survey instrument, which will be administered to the cohort of students at key times in their professional training. The results will be compared with findings from medical students in previous studies from the literature.

Qualitative data collection and analysis

The qualitative component of the study will consist of focus groups with students from the cohort at key stages of their professional education. The assessments will look at the effect of didactic and clinical experiences on these groups of health professions students.

Mixed methods data analysis procedures

Mixed methods analysis select significant findings from the qualitative survey data analysis that require further explanation or understanding and seek to find qualitative themes from the focus groups that add depth of understanding and detail to the findings.

Validity approaches in both quantitative and qualitative research

The quantitative component of the study will use the existing, previously validated survey instrument. The qualitative component will be validated using peer review and member checking

NOTES

Creating and Maintaining a Network of Student-Run Diabetes Clinics Throughout Colorado

Wesley Nuffer, PharmD
University of Colorado Denver

Dr. Nuffer will be presenting on an on-going project that he is responsible for through the University of Colorado Denver School of Pharmacy involving establishing and maintaining a network of diabetes clinics that are run year-round by CU pharmacy students during their advanced pharmacy practice experiences (APPEs). The presentation includes a brief description of the clinics and the logistics involved in establishing them, the role of students coming into these clinics for 6 weeks, and discussions of how these diabetes clinics contribute to the students' education.

NOTES

Nurse Practitioners and Student-Run Clinics: Get Involved

Julie Lanning, RN, BSN
LaTasha Berks, RN, BSN
University of Nebraska Medical Center

Incorporating Nursing into a Student-Run Clinic

I. Describe the patient benefits derived from involving nursing in student-run clinics.
   A. Evidence-based patient benefits of nurse-run clinics
   B. Examples of patient benefits from nursing at student-run clinics
II. Describe strategies for increasing involvement of nursing in student-run clinics.
   A. Getting nursing involved on the student board of a student-run clinic
   B. Nurse practitioner recruiter's experience of motivating nursing students to get involved
III. Describe the key learning experiences of nurse practitioner students working at student-run clinics.
   A. Students perspective of providing care to the underserved in a student-run format
   B. Question and Answer/Discussion

NOTES

Community Service Learning and Interprofessional Practice for Students by Students

Sean Nixon, MS
Florina Feng, BS
University of British Columbia, Canada

The mission of CHIUS is to provide an exciting, dynamic and innovative program that emphasizes the development of mental, emotional, social and physical well-being of all participants in a safe and welcoming environment. Our inter-professional team focuses on diminishing barriers to health care, establishing strong partnerships, and enhancing the community's perception of health care. Active evaluation and refinement of our service ensures continual delivery of a high-quality program that is responsive to the needs of all participants.

The current program has five guiding principles: service, learning, inter-professionalism, reflection and student leadership. On any given day the CHIUS team is comprised of a handful of students supported by a physician and a nurse who uphold the philosophies of the program. Although the program does provide primary medical care, the social interaction that occurs in the waiting room has proven to be the most rewarding aspect, both for students as well as for patients and community members. Teaching and learning occurs reciprocally in all directions - from students in other years, from students in other faculties and, most importantly, from patients. We currently have over 400 active volunteers representing the faculties of medicine, nursing, social work, pharmacy, dentistry, physiotherapy, occupational therapy, dietetics and audiology. Unlike most experiences encountered during our training, this is a program developed and maintained primarily by the students. A committed student executive functions to refine the project, manage operations, develop innovative programs and initiate research and funding opportunities.

NOTES

Leaping the Hurdles to Providing Free Patient Care

Aaron Laviana, BS
Jonathan Kiechle, BS
Georgetown University School of Medicine

Though current estimates on Washington, DC's health care crisis approximate the city's AIDS rate to be ten times the national average and the health uninsurance rate to be somewhere between 12 and 14%, these numbers are just the tip of the iceberg as seen when breaking down the city's "averages". Separated by merely a few miles, the health care access of the "haves" on embassy row and "have nots" in Southeastern DC is as drastic as any area in America. Further exacerbating this discrepancy in care has been the closure of DC General Hospital in 2001, the only public health care facility in DC. This left tens of thousands of people minutes from our nation's capital yet hours from any source of adequate care, and resultantly caused emergency room visits to increase by 11,000 (5%) between 2001 and 2005.

Georgetown University students took note of this alarming need for care in Southeastern DC and established a temporary clinic for several years, led mostly by physicians. After much success, the students decided it was best to create a more permanent, student-led clinic to serve those in need. Thus, on September 18, 2007, Georgetown University medical students opened the doors to DC's first ever student organized health-center, the H.O.Y.A. Clinic. Based on a business-model approach in which all the clinic's major responsibilities from fundraising to pharmaceutical organization to referrals were compartmentalized into subcommittees, students were able to focus their efforts on their greatest skills.

Though the students were successful in fundraising the necessary amount to start up the clinic and had a well-established patient population due to the clinics location inside DC's largest homeless shelter, it was this ease of location that eventually led to the clinic's quick demise. After only two months of operation, the clinic was closed by the D.C. Department of Human Services after city officials ruled the pest-infested conditions of homeless shelter (and thus their city-granted location) inhumane. Students put hours of meticulous planning into opening the clinic but never really sought to analyze the sustainability of the homeless shelter, simply assuming it would always remain open. Being the city's largest homeless shelter, the students could hardly contemplate the idea that the city would ever consider closing this place. The city could have also chosen to renovate the shelter but decided against it in order to pave the way for a new municipal police station.

Rather than abandoning hope, the Georgetown students quickly managed to secure and renovate the intensive care unit of the former DC General Hospital for the upcoming hypothermia season. With permission from the city, the clinic remained open for 6 months before closing again. The students then had to successfully petition the city to reopen the clinic year round, and this was done by highlighting the impact this clinic had on reducing non-emergency ER visits.

In this presentation, we hope to detail the numerous lessons learned in these past two years, providing advice for both what to do and avoid in establishing a clinic. The vast majority of these lessons come from mistakes we made ourselves that likely could have been prevented had we had slightly more knowledge or logistical preparation. We seek to provide advice that will make the planning and early stage operations of a clinic run much more smoothly.

NOTES

The Creighton Magis Clinic: Healthcare in the Spirit of Generous Excellence

Laura Cudzilo, BA
Creighton University Medical Center

I. Magis Clinic History
   A. Video outlining the founding of the Magis Clinic by a group of students at the Creighton University School of Medicine and an overview of the services it offers to the Omaha community.
II. Magis Clinic Organizational Structure
   A. The clinic is run by a group of medical student officers, each of whom is elected to a particular position within the officer group. Officers take turns managing the various clinics and meet weekly to provide one another with updates on current projects and discuss issues and needs for day-to-day clinic upkeep.
   B. The clinic has a faculty advisor and an advisory board of medical school administrators with whom Magis officers meet each semester.
III. Magis Clinic Current Services
   A. Acute care
   B. Psychiatric care
   C. STD testing
   D. Special events
      1. Pediatric vaccination clinic
      2. Flu shot clinic
      3. Diabetic retinopathy and foot care clinics
   E. Diabetes education
IV. Magis Clinic Volunteers

A. Medical students: M1/M2 and M3/M4 students form teams that see patients together and divide the medical interview and physical exam among team members depending on the students' comfort and skill levels. The student team formulates an assessment and plan and presents their findings to the volunteer physician.

B. Physicians: One attending per clinic guides medical student volunteers in their treatment of clinic patients.

C. Managers: Clinic officers take turns orienting new volunteers, registering patients, and setting up referrals.

D. Allied health professionals: The psychiatric clinic utilizes volunteers from the School of Pharmacy and the Department of Social Work.

NOTES

The Next Level of Care: Innovation and Expansion at Well Established Student-Run Clinics

Alex Velasquez, BS
Josefina Farra, BS
Meghan Garg, BS
University of Miami Miller School of Medicine

Describe mode of operation of clinics within the Wolfson Dept. of Community Service (DOCS)

a. The Wolfson Dept. of Community Service (DOCS) is the student run umbrella organization that provides technical and financial support to the two student run clinics and nine health fairs held throughout South Florida by University of Miami medical students.

b. Brief overview of two clinics operated by DOCS

a. San Juan Bosco/ Mercy - Provides general and specialty care to a predominately Hispanic indigent population in the center of Miami.

b. Lotus House / The Sundari Foundation - provides general health and family planning services to survivors of domestic violence and women in need in the center of Miami.

c. Education and Community service are our primary goals at our clinics.

a. Patient encounters carried out by teams of students from clinical and pre-clinical years create ample learning and mentoring opportunities.

b. Both clinics provide general and specialty health care to the indigent population of Miami with close to 500 encounters per year.

Describe the process of initiating a clinic

a. Establish relationship with community based organization - provide space and human resources essential to the clinics success.

b. Sovereign Immunity provided by Miami-Dade Florida Dept. of Health - What it means for our project

c. Doctor Recruitment- Maintaining involvement of faculty in our projects

Explore how our organizational structure can be applied to projects at other schools

a. Standardization of operations

a. Consolidation of common support structures for various projects.

b. Rapid integration of new ideas into other projects.

b. Senior Leadership - Ensuring continuity of quality of care

c. Junior Leadership - Key to innovation and future of organization

d. Computerized Medical Records - The next step in for improving our clinic services.

NOTES

The Columbia-Harlem Homeless Medical Partnership (CHHMP): An Innovative Medical Student-run Service Learning Initiative

Daniel Neghassi, BS
Colombia University College of Physicians and Surgeons

A complex relationship exists between health and homelessness. In order to address the significant health needs that exist within the homeless population, medical students from the Columbia University College of Physicians and Surgeons initiated a student-run free health clinic serving the homeless and unstably housed in West Harlem, New York City. The clinic opened in May 2007 and is run from the basement of a neighborhood church that was selected for its established relationship with West Harlem and for its partnership with organizations already trusted and frequented by the homeless community.

Medical students make a four-year commitment to work at the clinic weekly, supervised by the same attending physician. This ensures continuity of care and allows our clinicians to build trusting, long-term relationships with the patients, which is especially important with our patient population. Despite relying on a relatively small number of volunteers, we have consistently adequate attendance from clinical students every week. As a result of the commitment that each student makes, the same volunteers that provide care are also very involved in the clinic operations, such as fundraising, community outreach, supplies, expanding services, and quality improvement.

Beyond offering basic medical care, we offer on-site dental services, make general medical and psychiatric referrals with established partners, and connect patients to other services and resources as needed. Through these efforts, the project strives to improve the lives of patients in a holistic manner. Currently, several of our major projects include streamlining patients' access to psychiatric and substance abuse care, offering selected prescription medications, and enrollment in insurance.

In addition, the students have also created a student-run elective seminar on homelessness to enrich understanding of the target population and to complement the clinical work. Topics researched and discussed thus far include epidemiology and causes of homelessness, policy in New York City and around the world, mental illness and substance abuse in homeless populations, and harm reduction and street medicine models.

Our unique model addresses the challenges of practicing primary care medicine in low-resource settings, and effectively harnesses the dedication, passion and energy from medical students to provide healthcare to and advocate for underserved populations.

NOTES

Jaydoc Free Clinic: A Model for Student Governance in Student-Run Free Clinics

Rigoberto Ramirez, BS
Laurel Witt, BS
Elizabeth Stephens, MA
University of Kansas School of Medicine

1. Jaydoc's inception
   a. Timeline
   b. Initial vision
2. Clinic overview
   a. Missions
   b. Patient population
   c. Services, outreach, departments, follow-up
3. Institutional structure
   a. The Executive Board
   b. Staffing
4. Clinic Operations
   a. Efficiency and flow
   b. Funding
5. Issues in student governance
   a. Expansion and accountability
6. Relationships
   a. University involvement
   b. Community relationships
7. Evaluation and accountability measures
   a. By-laws
   b. Strategic planning
   c. Capital planning
   d. Board of Trustees
8. Final discussion of student-governance
   a. Learning, agency, preparation, student-ownership

NOTES

SWITCH – Advancing the Health of Our Community Through an Interprofessional Student-Managed Wellness Center

Carole Courtney, BSW
University of Regina

The Student Wellness Initiative Toward Community Health is one of four student managed primary health care centers in Canada. Utilizing the talents of almost 300 students from three learning institutions in Saskatoon, Saskatchewan, presentation participants will see a DVD showcasing this unique health care project.

NOTES

Peer-driven Internet Tool for Leadership Transition and Best Practices Development

Ryan Smith, BS
University of Kansas School of Medicine

Leadership transition remains a challenge for student- run clinic especially those without faculty management. The JayDoc Free Clinic is entering its sixth year of existence and is managed by a ten-member board of first and second year medical students at the University of Kansas School of Medicine. With a majority of the leadership changing each year, implementing change across these transitions remains a challenge. Each year, the leadership and student volunteers develop and identify clinical protocols, encounter tools, and relevant articles. Last year, the clinic created an online site to serve as a repository for such resources. With the exception of some sections of the site restricted to Executive Board members, the site can be accessed and edited by all members of the clinic community composed of over 400 students and faculty. The site boasts information about community organizations, drug assistance programs, and ancillary services for our social services volunteers, patient education resources, specialty night (diabetes, women's health, ophthalmology) eligibility and scheduling, medical supply ordering, and fundraising. Initially, contributions to the site were limited to a small number of individuals but adding specialty night scheduling and conducting the most recent executive board election on the site, the traffic to the site and the number of contributors and contributions have increased. Further development of this site should ease efforts of administration and encourage innovation and planning contributions to all members of the clinic community.

NOTES

SHARING Our Approach: Incorporating Private and Corporate Donors, Events and Grant-writing into Multifaceted Fundraising

Mac Longo, BA
Robert Dahlquist, BS
Sarah Bryan, BA
University of Nebraska Medical Center

BUILDING RELATIONSHIPS
A. Gaining support within your institution
B. Collaborating with institutional foundations
C. Finding community support: identifying and approaching corporate and private donors
D. Maintaining and expanding donor relationships: acknowledging and updating past supporters

EVENTS
A. Do's and don'ts of an ideal fundraising event:
a. DO make sure it is: Profitable (directly or indirectly)
b. DO NOT waste time with events that are not directly or indirectly profitable
c. DO make sure it is: Worthwhile, fun, and entertaining for the participants.
d. DO NOT make money at the expense of your participants
e. DO remember that consistency is key!

GRANTS:
I. The important role of grants in raising funds for clinic operations.
  a. Gives legitimacy to a clinic and its mission
  b. It shows initiative by your clinic.
  c. They want to see fiscal accountability.
II. Grants help focus your vision and achieve the mission of your clinic.
III. Grants can also move to help encourage philanthropic individuals to give to your clinic and cause.
IV. Where do I find grants?

NOTES

NYC Women's Health Free Clinic: A Model for Expanding Reproductive Health Services and Training

Honor MacNaughton, MD
Maura RZ Madou, BS
Eugenia E. Lee, BA
Sara-Megumi L. Naylor, BS
New York University School of Medicine

Background/Rationale: Lack of health insurance and costly healthcare limit women's access to care and prevents them from establishing a medical home. For the 17 million women who are uninsured in the United States, free clinics can play an important role as an entry point into the healthcare system, but few free clinics offer the preventative and reproductive health services that women need most. In February 2008, NYU medical students in collaboration with The Institute for Family Health opened the first student-run free clinic to offer full-spectrum reproductive healthcare. This demonstration project illustrates how such a clinic can both provide comprehensive care to uninsured women as well as train medical students in the area reproductive health. The resources available and steps involved in implementing such a project will be examined, and participants will explore the possibilities and barriers to expanding the low cost women's health services offered at other sites.

Objectives: At the end of this seminar participants will be able to:
1. Explain how lack of insurance impacts women's health.
2. Describe strategies for providing preventative and reproductive health services to women in a free clinic setting.
3. List next steps for expanding the women's health services that are offered to uninsured women at their institutions.

Seminar Outline:
1) Introduction and Background: Introductions, review objectives, overview of how health insurance status impacts women's health
2) Presentation of the Women's Health Free Clinic Project:
a) Description of the creation and implementation of the Women's Free Clinic project using slideshow of pictures documenting the process
b) Presentation of outcomes of first year of clinic
c) Q & A about project model
3) "Online Toolkit" Demonstration: Introduction to the "Women's Health Online Toolkit", an online guide compiling resources for starting up and sustaining a Women's Health Free Clinic (available at www.reproductiveaccess.org/freeclinic.html.)
4) Large Group Discussion: Discuss barriers and opportunities for integrating reproductive health services into participants' home clinic sites, create next steps

NOTES

Health Perceptions of the Underserved

Angie Prescher, BS
University of Nebraska Medical Center

This presentation will cover recent research conducted at the SHARING Clinics, which investigated the obstacles that patients at the SHARING Clinics face in obtaining quality healthcare both currently and through previous healthcare providers. Many of the issues that the SHARING patients face are similar to those barriers faced by other underserved populations throughout the United States. Through this presentation and the discussion to follow, participants will be able to generate ideas and programs to institute in their own clinic or community to better address the health disparities faced by the underserved.

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Social Services and Tracking Patient Referrals in a Safety Net System

Voytek Slowik, BS
University of Kansas Medical Center

The Jaydoc Free Clinic is operated, financed, and run by students at the University of Kansas Medical Center. The clinic's main focus is urgent care; however, many patients come to the clinic with acute complications of their chronic issues. To better help these patients, students developed a social services department at Jaydoc. Trained volunteers enroll patients in Medicaid, Medicare, and prescription drug assistance programs; test and counsel patients at risk for HIV; and refer patients to area clinics for ongoing care.

The biggest role of social services at Jaydoc is the referrals which act as a gateway to the Safety Net Coalition (of which Jaydoc is a member), a group of Kansas City area clinics who work together to address the needs of the underserved. Jaydoc Social Services' goal is to identify all Jaydoc patients without a medical home and give them the necessary information to schedule appointments at these clinics. Previously, tracking and follow-up measures have been confounded by the acute nature of our care and by the transient or undocumented identities of our patients. To address this follow-up problem and finally institute real evaluation measures, we developed a creative referral form. This pre-stamped and pre-addressed card is filled out with referred clinic and patient information and then sent with the patient. Patients then use the clinic information to schedule an appointment and then take the card to the front desk staff of the clinic (who then write the date of the patient's appointment and mails the card back to Jaydoc). Cards were designed to fold over and have self adhesive strips to protect patient information. Area clinics approved a model of the card ahead of time to meet HIPAA standards and to make sure that this would not inconvenience front desk staff.

We have already started to receive postcards and hope to get an accurate account of what happens to our patients after they leave our care.

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