



Advanced Trainees in Student-Run Free Clinics: Potential Bridges to Critical Gaps in Knowledge

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Abstract

Background: Student-run free clinics (SRFCs) are increasingly becoming multidisciplinary care centers for underserved and uninsured patients across our communities. While SRFCs continue to advance research on various fronts to improve the quality of patient care provided, there remains scant literature on the involvement of resident and fellow physicians, or rather advanced trainees across disciplines in general, in the SRFC setting. As a result, there is a limited understanding of how best to include them and their skillsets within SRFCs and to design opportunities mutually beneficial for both SRFCs and advanced training programs.

Purpose: To initiate a call-to-action for SRFCs to invest resources toward better characterizing the involvement of advanced trainees across SRFCs and the impacts they can potentially impart upon both the SRFC's educational and patient care experiences.

Summary: There remains limited information available pertaining to the involvement and impact of advanced trainees in SRFCs. As a result, these remain suboptimally-tapped areas of research and SRFCs are well-positioned to potentially bridge critical gaps in knowledge. Potential approaches to this include 1) querying advanced trainees currently involved in SRFCs on their motivations for being involved, 2) encouraging advanced trainees to discuss how other trainees may similarly become involved and to help with securing their participation, and 3) surveying training program leadership at institutions with SRFCs on how mutually beneficial partnerships between SRFCs and training programs might be established. In better characterizing their roles, SRFCs have an opportunity to fuel significant changes in health education and patient care.

The 2023 Society of Student Run Free Clinics Conference (SSRFC) for me, has seemingly come and gone in the blink of an eye. The months of preparations I witnessed beforehand by our SSRFC leadership ultimately funneled into two days of productive exchanges with some of the most brilliant and dedicated individuals our health professions have to offer. I left the conference feeling recharged and excited about how they will change the student-run free clinic (SRFC) landscape for the better, and I imagine many others felt similarly.

As I look back on where we once were years ago as a fledgling organization and reconcile that with where we are now, I am proud of how our

health professions continue to advance care for our underserved and uninsured. I distinctly recall beginning my SRFC involvement under the mentorship of Dr. Ellen Beck who is the founding director of the University of California, San Diego (UCSD) Student-Run Free Clinic Project. Her guidance was critical in developing my SRFC-related interests and experiences as I progressed through my undergraduate and graduate school trainings at UCSD and my medical school training at Western Michigan University Homer Stryker M.D. School of Medicine. These lessons proved to be particularly critical as I led efforts in late 2020 during my residency training in Obstetrics & Gynecology (ObGyn) to establish a

gynecology student-run free clinic under the joint oversight of medical students from Oakland University William Beaumont School of Medicine and our ObGyn resident physicians to serve uninsured women throughout Southeast Michigan in a post-coronavirus disease (COVID) world.

One particularly notable challenge in establishing this clinic was identifying the role of the ObGyn resident. While involvement of resident or fellow physicians, otherwise commonly referred to as graduate medical education trainees, with either local free clinics as part of their training curricula or as part of a SRFC in general had been previously described in a limited capacity at the time, there ultimately remained scant information about their roles in this area.¹⁻⁶ This also meant data on their impacts in these settings were similarly absent from the literature. While we ultimately settled on an operational model reflecting many of the operational characteristics of our residency clinic, I at times felt we were pushing the frontier with our model as we aspired to provide our patients with world-class care and a medical home.

Whereas, at this year's SSRFC annual meeting, one particular theme that struck me as both fascinating and refreshing was hearing from a number of SRFCs who described including resident physicians in varying capacities as part of their clinic operations. Also, during the conference's Bridging-the-Gap session which functionally mirrored how hack-a-thons or kaizens would proceed, one SRFC even expounded upon the strides they could make in continuity-of-care if they could have resident physicians involved in their processes. Many of these SRFCs also described themselves as operating as multidisciplinary clinics, which sparked further wonder as to how well-described in the literature is the involvement of advanced trainees in other health-related disciplines including but not limited to pharmacy, social work, allied health, and more.

Generally speaking for the graduate medical education world, trainees are expected to complete at least one scholarly project during the course of their training. Whether that project ultimately concludes as a quality-improvement project, or further matures towards publication is something that depends heavily upon the continued interactions between the aspirations and

interests of the trainee, the guidance, support, and experience of potential project mentors, and the mission, vision, and resources of their training program and sponsoring institution(s). Furthermore, processes supporting these projects can be critical for trainees interested in applying to fellowship programs or individuals otherwise interested in pursuing careers in academic medicine.

Perhaps looking forward, our SRFCs may benefit from investing resources toward better characterizing the involvement of advanced trainees across SRFCs. Their involvement remains a suboptimally-tapped area of research, and unfortunately at this time, we continue to have a limited understanding of the impact they can have on learner education in the SRFC setting, their impact on factors such as SRFC patient capacity, and potential for advancing research in care for the uninsured and underserved. One approach SRFCs may consider is querying advanced trainees currently involved in SRFCs on their motivations for being involved whether they be curricular requirements, building up their resume or networks for future employment, personal interests, etc. Another potential opportunity is encouraging advanced trainees to discuss how other trainees may similarly become involved and to help with mobilizing and energizing them in support of the missions of their local SRFCs. Finally, they might consider surveying training program leadership at institutions with SRFCs as to how they might work with SRFCs to identify opportunities mutually beneficial for both the SRFC and the program and its trainees.

In conclusion, the participation and impact of advanced trainees in SRFCs remain understudied areas. Our SRFCs are well-positioned to potentially bridge these critical gaps in knowledge. In better characterizing their roles, SRFCs have an opportunity to fuel significant changes in health education and patient care.

References

1. Pincavage AT, Razi RR, Arora VM, Oyler J, Woodruff JN. Resident education in free clinics: an internal medicine continuity clinic experience. *J Grad Med Educ.* 2013;5(2):327-31. <https://doi.org/10.4300/JGME-D-12-00127>. [LINK](#)
2. Rebholz CM, Macomber MW, Althoff MD, et al. Integrated models of education and service involving community-

- based health care for underserved populations: Tulane student-run free clinics. *South Med J.* 2013;106(3):217-23. <https://doi.org/10.1097/SMJ.0b013e318287fe9a> [LINK](#)
3. Petrany SM, Gress T, Poole D. A free clinic continuity experience during residency is associated with practice in underserved areas. *J Grad Med Educ.* 2017;9(5):595-99. <https://doi.org/10.4300/JGME-D-17-00019.1> [LINK](#)
 4. Fernandez TF, Kraus AC, Olson KM. A call for residents to get more involved with student-run free clinics. *Acad Med.* 2017;92(5):577. <https://doi.org/10.1097/ACM.0000000000001653> [LINK](#)
 5. Foster C, Polychroniou P, Ward M, Schwartz A. A student-run free mental health clinic for the immigrant and refugee population in Clarkston, Georgia. *J Stud Run Clin.* 2019;5(1):1-4. <https://doi.org/10.59586/jsrc.v5i1.113> [LINK](#)
 6. Holmes JO, Collard EL, Herrmann MJ, Fugit AM. Pharmacy resident interventions and clinical progression in a student-run free clinic. *J Am Coll Clin Pharm.* 2020;4(3):335-42. <https://doi.org/10.1002/jac5.1366> [LINK](#)