

Student-Run Clinic Association: The Next Generation of Health System Collaboration

John S. Mikhaeil, Bryan C. Ng, Michael-Roy R. Durr, Sparsh Shah, Edmond Lab Bon Chiu

Faculty of Medicine, University of Toronto, Toronto, Ontario, Canada

ABSTRACT

The Student-Run Clinic Association (SRCA) is a pan-Canadian effort that is an official hub for all matters related to healthcare and social efforts where learners are the primary service providers and leaders. Student-run clinics (SRCs) utilize a multidisciplinary team of health professional students to provide accessible primary care services to vulnerable and marginalized populations under the supervision of qualified and licensed healthcare providers. The SRCA provides an official platform for which student-run clinics across the country connect with each other. The outcome of this initiative is to enhance equitable, high-quality care to underserved populations in Canada, while simultaneously providing future healthcare providers with experience serving this population.

RÉSUMÉ

L'Association Clinique dirigée par les étudiants (SRCA) est un effort pancanadien qui constitue un centre officiel pour toutes les questions liées aux soins de santé et aux efforts sociaux, dans laquelle les apprenants sont les principaux fournisseurs et leaders du service. Les cliniques dirigées par les étudiants utilisent une équipe multidisciplinaire d'étudiants dans le domaine de la santé pour fournir des services de soins primaires accessibles aux populations vulnérables et marginalisées sous la supervision de prestataires de soins de santé qualifiés et agréés. La SRCA fournit une plate-forme officielle pour la mise en relation de cliniques gérées par les étudiants à travers le pays. Le résultat de cette initiative est d'améliorer les soins équitables et de haute qualité offerts aux populations défavorisées au Canada, tout en offrant aux futurs fournisseurs de soins de santé de l'expérience au service de cette population.

The Student-Run Clinic Association (SRCA) is a registered non-profit organization funded and supported by the Canadian Medical Association (CMA) as part of the CMA Communities of Interest Grant (1). Founded in January 2019, we are composed of an interprofessional team of volunteers who have had previous experiences in leadership roles at a Student Run Clinic (SRC). Currently, there are 14 SRCs operating across 7 provinces in Canada (2), with several groups developing new clinics (Figure 1). SRCs operate in siloes, creating administrative barriers, inefficiencies, and poor knowledge translation. Further, SRCs lack standardized care and workflow; however, an association aimed at coordinating and improving the operations of SRCs is postulated to resolve these issues (3, 4). The SRCA is a Community of Interest (COI) framed around SRCs in Canada through five main goals (Figure 2), creating a platform for SRCs to communicate, collaborate, and add to the Canadian healthcare landscape (5).

The SRCA connects a wide range of healthcare professions on one main platform. As a collective, we can implement best practices for SRCs to model optimal holistic care and

interprofessional collaboration. In this way, well-established clinics may provide mentorship and advice to new clinics and facilitate their growth. The SRCA provides the infrastructure to sustain such partnerships. In that effort, we wish to implement a holistic and interprofessional approach to primary care, improve access to quality healthcare for all Canadians, and train the next generation of healthcare providers to be skilled in caring for vulnerable populations. The SRCA empowers the collective voice of trainees and healthcare leaders to advocate for holistic care and positive change in healthcare and social policy. This will cultivate healthcare students' passion through increased exposure with marginalized patients, thereby providing a safe space to apply interprofessional skills and novel research ideas. More importantly, SRCs create a pedagogical experience that didactic teaching cannot emulate, especially related to developing empathy with patients and an appreciation for the allied health team (6, 7).

The vision of the SRCA is to create a central network of SRCs across Canada built on the pillars of holistic and non-discriminatory healthcare, advocacy, and research. Through an interdisciplinary approach and a social lens, our activities

Keywords: student run clinic, interprofessional, vulnerable populations, medical education

There are 14 SRCs across Canada, 6 operating in Ontario.

Two main challenges:

1. SRCs operate independently with no communication with one another
2. They lack an organizational structure to support a community of interest



Figure 1. Overview of current landscape of student run clinics (SRCs) in Canada. This figure geographically depicts all of the active SRCs in Canada and highlights current challenges faced by the individual SRC partners. SRCs are found in Toronto (IMAGINE), Vancouver (CHIUS), Edmonton (SHINE), Calgary SRC, Saskatoon (SWITCH), Regina (SEARCH), Winnipeg (WISH), Thunder Bay (Compass North), Hamilton (MacHealth DNA Clinic & HARP), Kingston (OSLER), Halifax (HOPES), St. John’s (MUN Med Gateway), St. John’s (ACCESS Clinic).

contribute to both a vibrant profession and healthy population. We bring together a group of individuals with shared passions working towards a fulfilling goal of improving the health of those who need it the most. We are engaging in collaborative dialogue and advocacy for marginalized populations and effectively uniting health providers on a cause that matters to Canadians. With our SRCs, Canadians can trust in healthcare regardless of their status. The purpose of this commentary is to introduce the three objectives of the SRCA: reducing barriers, utilizing technology, and establishing and increasing operations of SRCs to improve Canadian healthcare.

SRCA Objective #1: Reducing barriers to healthcare access in marginalized populations

Universality is a core guiding principle as part of the Canada Health Act (8). Healthcare professionals and many members of the public remain unaware of the vast number of people in our community who cannot access healthcare in Canada. We hope to create a united platform for raising awareness to influence a wider understanding, create community supports, and implement policy changes with the support of the public. As medical professionals, we can bring forth the voice of those people in our community, whom the healthcare system all too often leaves behind. Given our position within the system and our interactions with these populations, it is our responsibility and opportunity to create positive change through awareness.

The SRCA plans to host seminars to disseminate information regarding these issues by recruiting speakers in this particular

field in order to further engage followership. We will leverage our network of speakers and advisors to host informational sessions for medical professionals, health professional students, and members of the public to ensure we involve all stakeholders. With our experiences in hosting conferences and workshops, we plan to establish an open access platform to host webinars to discuss barriers to healthcare access, nationally and internationally (9). Finally, we also aim to collectively mobilize Canadian SRCs in advocacy across different levels of government, as in our experience we have found that policy change is more likely with the combined and coordinated efforts of all SRCs.

SRCA Objective #2: Explore and support innovative healthcare technologies

The current landscape of the healthcare system is in need of new ways to organize and deliver care. We have come a long way in understanding the merits of holistic interdisciplinary care and engaging the community to create sustainable ‘health’ (10). We believe there are innovative ways to provide patient care to those currently unable to access the Canadian system. The SRCA aims to leverage innovative telemedicine technologies and point-of-care testing platforms for rapid and reliable disease detection in new and existing student run clinics. Telemedicine will allow clinics to expand their services to underserved rural communities (11). In particular, telemedicine technologies will provide access to allied health services (e.g. social work, occupational therapy, and pharmacy services) that are often lacking in rural regions. Specifically, a common issue that was raised by many of our affiliated clinics was the lack of attendance of allied health services on clinic days. This issue has the potential to be mitigated by connecting with allied health professionals that are willing to volunteer their time remotely to be consulted for services as needed on clinic days. This process would improve patient care, without adding a significant burden on the healthcare professionals volunteering to provide care. Further support will allow clinics to invest in established point-of-care technologies that are normally prohibitively expensive. Such technologies are integral in providing on-site diagnostic testing and continuity of care without the need for referrals to external laboratories, a current issue for many student run clinics.

We aim to achieve innovation through facilitated case competitions, where we bring together students, healthcare professionals, and members of the public to brainstorm ideas to tackle healthcare issues regarding accessing care. The additional

COMMENTARY

benefits of these symposiums will be to allow students to network with healthcare professional students and staff, aiding in career development and further allowing for mentorship opportunities. The proposed case competition may involve students designing a clinic that can target vulnerable populations more effectively.

SRCA Objective #3: Improve the operations and standards of SRCs across Canada

Many resources such as specific social support resources in that region or available medical services without the need for health insurance are location-specific and challenging for practitioners to keep up to date on. These resources are constantly evolving, a challenge for marginalized populations attempting to develop a system of care. Our goal is to compile a collection of clinical tools, medical supplies, referral or extended healthcare services, alternative specialized clinics, and various other resources that support patient care functions and remove the stress of having to navigating the system for these patients. Ultimately, this will likely translate to decreased barriers felt by the patients to access the existing and developing resources. Through this, we hope to foster a “universally” connected network of resources that eases the burden on individual healthcare practitioners and patients. Our platform will enable a compilation of updated resources that are accessible anywhere in Canada that is constantly reviewed by participants and patients to ensure the resources are relevant and effective.

The SRCA is affiliated with a number of SRCs across Canada which have each been serving persons without health insurance plans or identification collectively for over 5 years. In that time, a bank of resources has been formed and the goal is to share similar resources nationally. Furthermore, each clinic has areas of expertise and lessons learnt so far during their time in

operation. Collaboration of resources in a similar setting has been demonstrated in the literature to improve communication (12). We also understand that there are region-specific resources and other tools that have not been discovered by our team which we would like to add to the repository. Ultimately, the goal is to create a website repository that will allow student run clinics to provide accessible and effective care to marginalized populations. Similarly, the open channels of communication between SRCs that has become more accessible through the SRCA’s initiatives (i.e. facilitating conference calls between various SRCs and hosting our inaugural SRCA Summit in November 2019) have significantly improved operations for many of our clinics as described qualitatively by the individual clinic leads. To date, the SRCA has signed on ten affiliated clinics nation-wide and helped support the growth and initiation of three additional clinics. Congruent with the objective of raising awareness of care in marginalized populations, the SRCA was invited to the CMA Health Summit to discuss the organization’s role in the growing landscape of student-run clinics and the evolving healthcare field. These forums allow the relevant stakeholders to identify key issues and develop novel tools to tackle them and improve the care of our patient population.

CONCLUSION

SRCs are spreading rapidly across the country as a way for marginalized populations without health insurance or identification to access high quality healthcare. In this paper, the idea of student run clinics was discussed and the Student-Run Clinic Association (SRCA) was introduced, a non-profit organization aimed at connecting and establishing communication channels within SRCs in Canada. The SRCA primarily aims to reduce barriers to healthcare, but also among our goals are to explore innovative healthcare technologies and improve the operations of SRCs across Canada. In our inaugural year, the

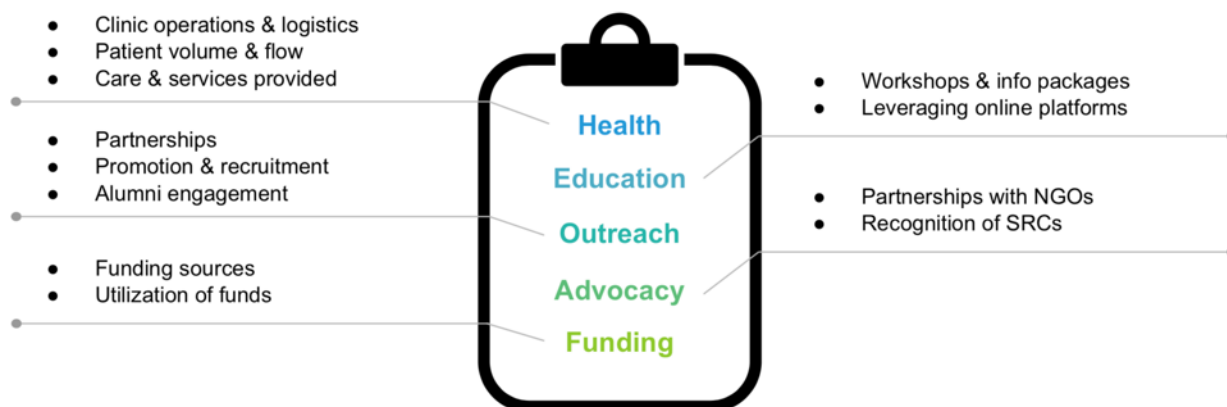


Figure 2. Five major goals of the SRCA Five major goals of the SRCA.

SRCA had notable successes and as such, will continue to grow and help guide SRCs in delivering the best care to their local population.

ACKNOWLEDGEMENTS

We would like to thank our University Consulting Group (UCG) team, Sammy Cai, Dev vrat Khanna, Vipul Shrivastava, Ritchie Truong, Nina Wang, and Tamer Ismail for the design of the figures included in this paper, analysis of the SRCA strategic goals, and surveying the Canadian SRC landscape.

REFERENCES

1. Canadian Medical Association. Student-Run Clinic Association: a CMA sponsored community of interest [Internet]. 2018 [08/25/19]. Available from: <https://community.cma.ca/en/communities-of-interest/b/community-overviews/posts/imagine-health---community-overview>.
2. Canadian Federation of Medical Students. Developing and sustaining student-led clinics: A toolkit [Internet]. 2018 [11/09/19]. Available from: <https://www.cfms.org/what-we-do/education/src-toolkit>.
3. Tricco AC, Antony J, Ivers NM, Ashoor HM, Khan PA, Blondal E, et al. Effectiveness of quality improvement strategies for coordination of care to reduce use of health care services: A systematic review and meta-analysis. *CMAJ*. 2014;186(15):E568-78.
4. Liaw WR, Jetty A, Petterson SM, Peterson LE, Bazemore AW. Solo and small practices: A vital, diverse part of primary care. *The Annals of Family Medicine*. 2016;14(1):8-15.
5. Canadian Web Designs. Student Run Clinic Association 2019. Available from: <https://studentrunclinic.ca/>.
6. Dekker RS, Schutte T, Tichelaar J, Thijs A, Van Agtmael MA, De Vries TPGM, et al. A novel approach to teaching pharmacotherapeutics—feasibility of the learner-centered student-run clinic. *European Journal of Clinical Pharmacology*. 2015;71(11):1381-7.
7. Schutte T, Tichelaar J, Dekker RS, Van Agtmael MA, De Vries TPGM, Richir MC. Learning in student-run clinics: a systematic review. *Medical Education*. 2015;49(3):249-63.
8. Government of Canada. Canada Health Act, Revised Statutes of Canada. Ottawa, Canada. 1985. c. C-6.
9. Barreto JE, Whitehair CL. Social media and web presence for patients and professionals: Evolving trends and implications for practice. *Physical Medicine & Rehabilitation*. 2017;9(5):S98-S105.
10. Ciemins EL, Brant J, Kersten D, Mulette E, Dickerson D. Why the interdisciplinary team approach works: Insights from complexity science. *Journal of palliative medicine*. 2016;19(7):767-70.
11. Canadian Medical Association. Ensuring equitable access to health care services [Position Statement]. 2013 [11/11/19]. Available from: <https://policybase.cma.ca/en/permalink/policy11062>.
12. Gofine M, Clark S. Integration of Slack, a cloud-based team collaboration application, into research coordination. *J Innov Health Inform*. 2017;24(2):936. doi: 10.14236/jhi.v24i2.936. PubMed PMID: 28749322.