

Evaluating the Impact of an Introductory Course on Medical Students Participating in the UCSD Student Run Free Clinic Project

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Introduction

Student-run free clinics (SRFCs) are a key source of care for uninsured populations and educational opportunities for students. However, the institution poses inherent challenges both for medical students who are early in their training, and patients whose care is managed by a rotation of student providers. The goal of this study is to assess how a required, quarter-long preparatory course impacts medical students' ability to effectively participate in a student-run free clinic, grapple with its associated ethical nuances, and be motivated to address medical inequity in the future.

Materials and Methods

A survey was offered to all 52 students (RR = 100%) enrolled in this introductory course at the end of the Winter 2023 quarter. Likert 5-point scale statements were used to assess the impact of specific course sessions on students' abilities in:

- 1) Clinical skills
- 2) Understanding of ethical nuances
- 3) Awareness of social and community issues
- 4) Sense of connectedness to UCSD SRFCP colleagues, and
- 5) Future plans

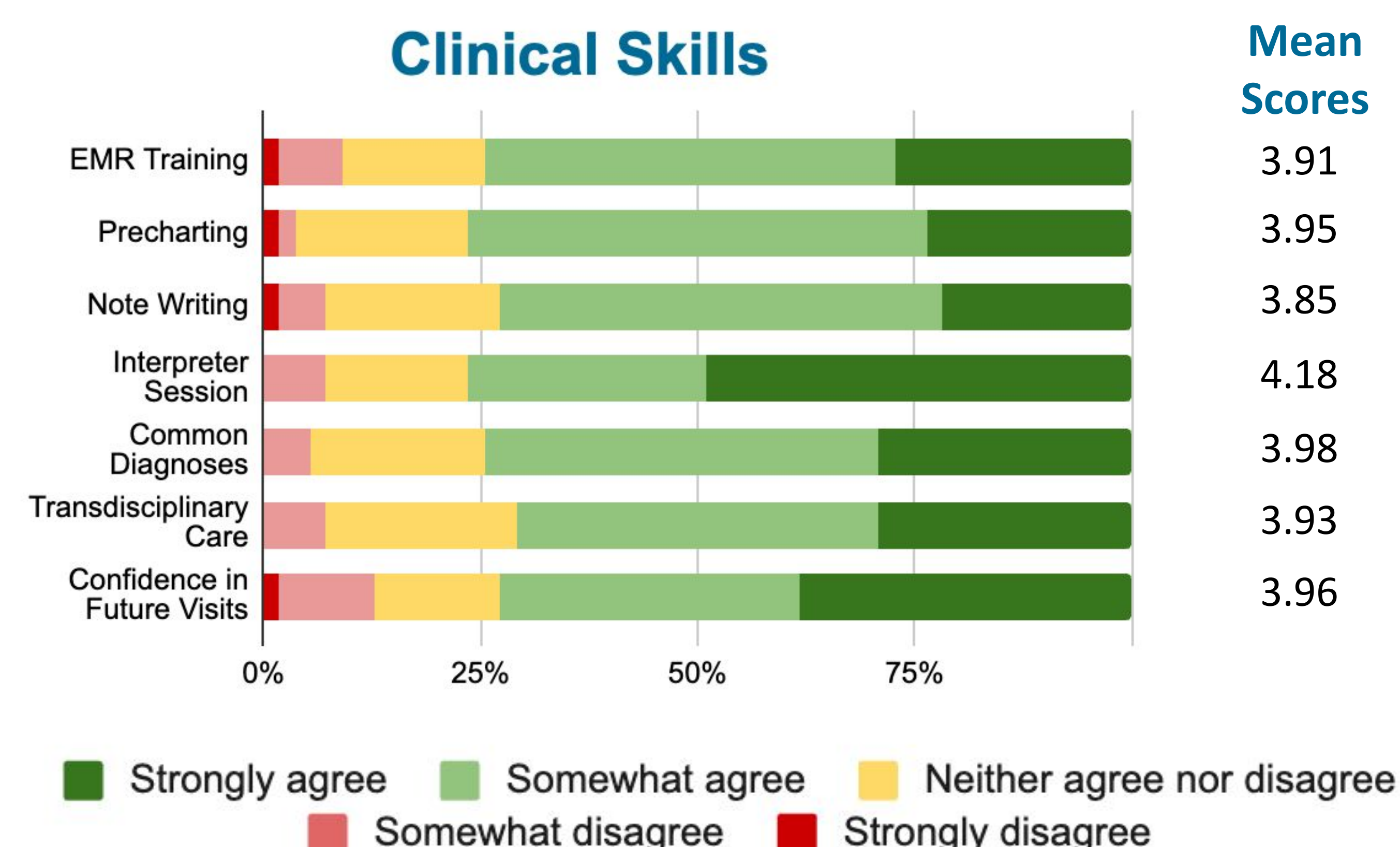
The survey was optional, anonymous, and offered without monetary compensation. Mean scores from 1 to 5 were generated for each statement and topic and analyzed to understand the impact of the course on students' growth in each knowledge area and identify paths for future improvement. This study was submitted and approved as IRB exempt under the education clause.

Results

A majority of students agreed didactic improved their practical clinical skills, including:

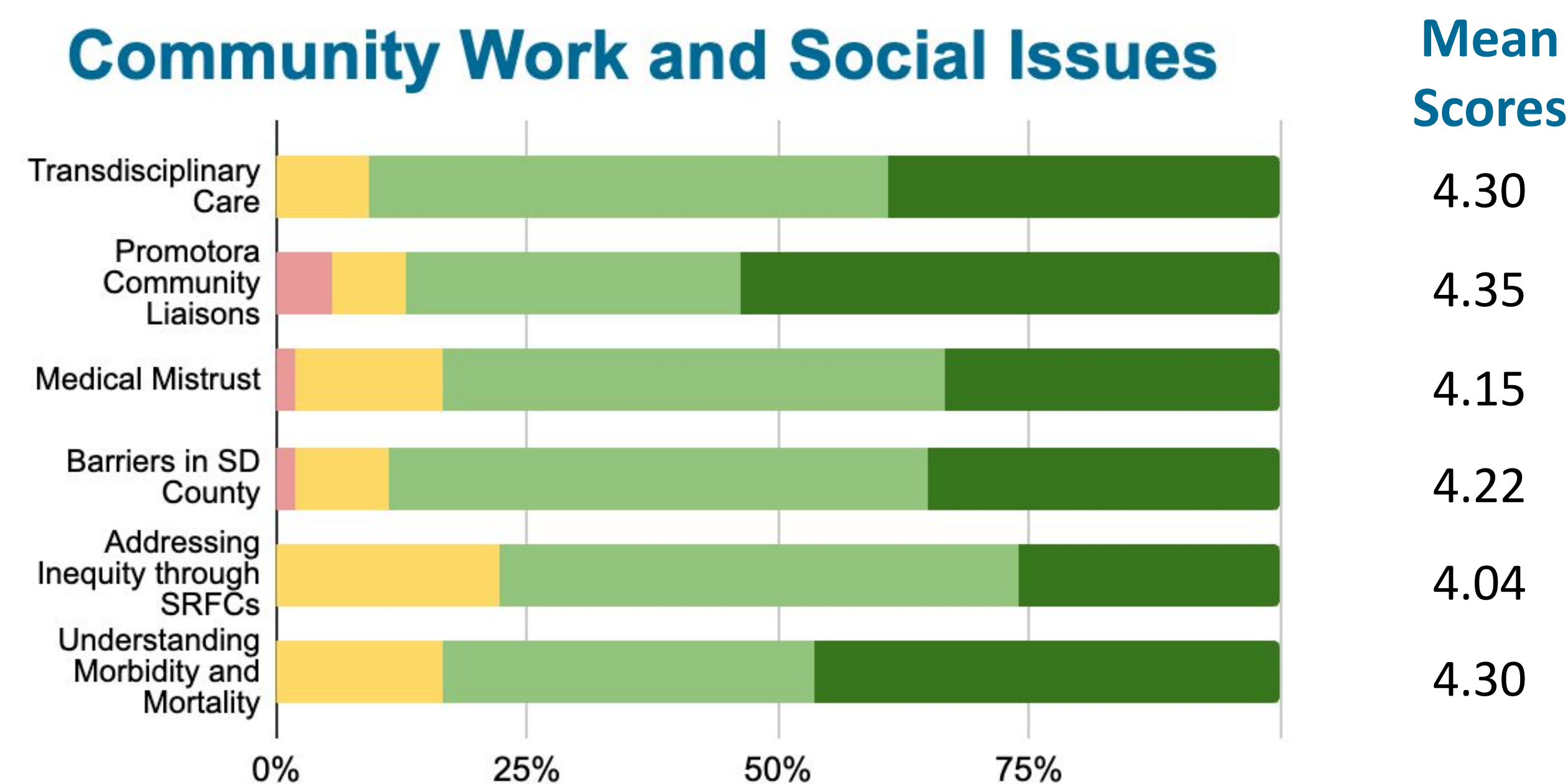
- Working alongside English-Spanish interpreters (4.18)
- Workup of common free clinic diagnoses (3.98)
- Ability to pre-chart (3.95) and write notes (3.85) in UCSD's electronic medical record (3.91)

This resulted in most first year medical students feeling confident (3.96) conducting a future patient visit independently.



A majority of students agreed that didactic improved their knowledge of San Diego's landscape of underinsured care, including:

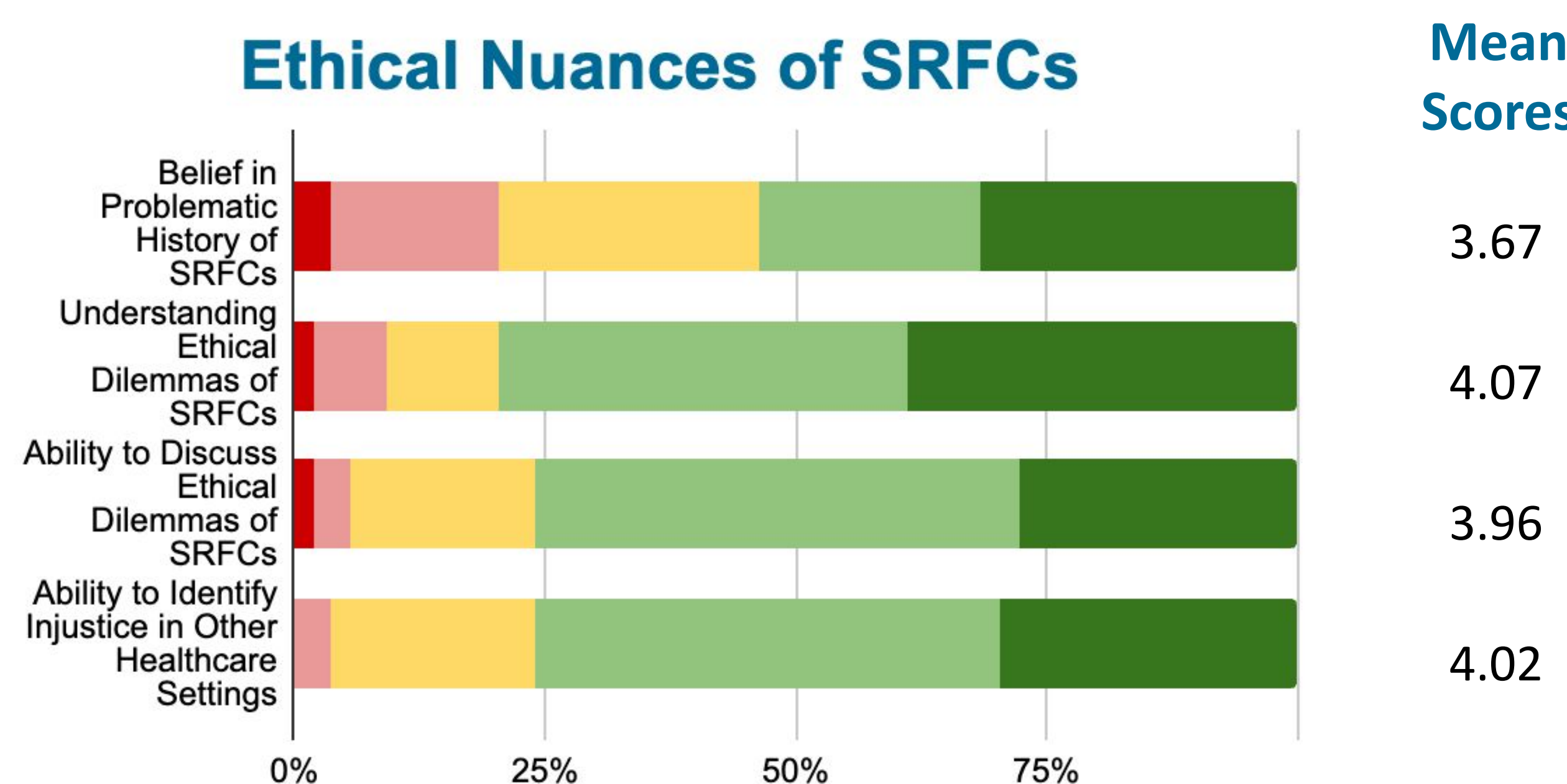
- Understanding patient's barriers to care (4.07), potential mistrust in existing systems (4.00), and impacts on patient morbidity and mortality (4.15)
- Thinking critically about how to address inequity through SRFCs (3.89)
- Learning how to work with transdisciplinary community partners (4.15) and *promotoras* (4.20)



Overall, students *agreed* that free clinic created a space to:

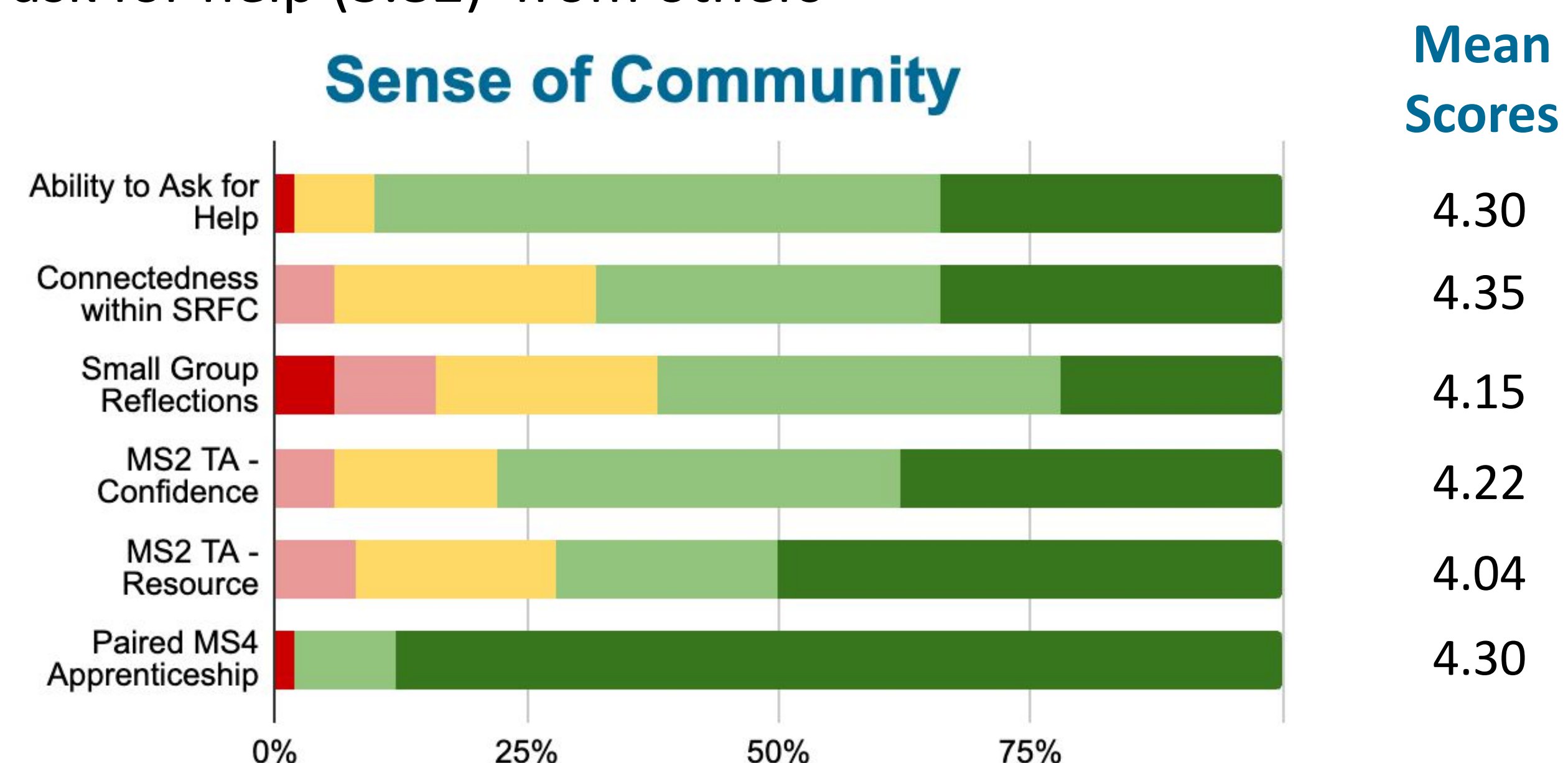
- Improving their understanding of (4.00) and ability to discuss (3.89) ethical dilemmas surrounding SRFCs
- Further their ability to identify (3.95) injustice within healthcare systems

When asked whether there are problematic aspects to the history and continued existence of SRFCs, students overall agreed (3.55), but with notable variability of responses



In terms of building community, students agreed that the course improved their:

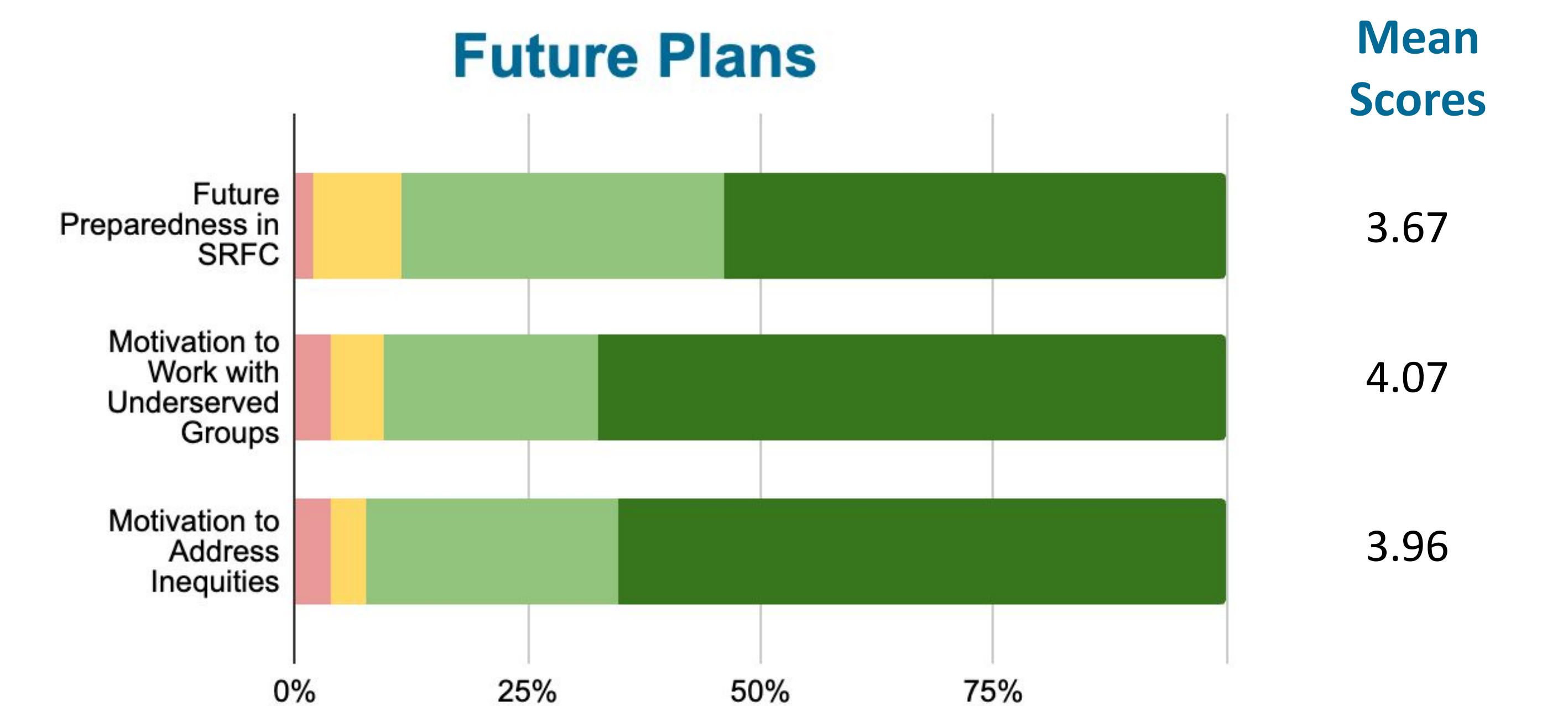
- Connectedness (3.60) to others in the organization
- Building of confidence (3.73) via near-peer mentorship, including MS2 teaching assistants (3.76) and MS4 clinical mentors (4.38)
- Ability to ask for help (3.82) from others



Students overall agreed that the small group reflections were useful (3.29), although results were more mixed

Regarding future plans, students agreed the didactic:

- Increased their sense of preparation to engage in SRFC (4.16)
- Motivated students to work with underserved groups (4.29) and address healthcare inequity (4.29).



MS2 teaching assistants lead weekly small group reflections and didactics for MS1s

Conclusion

This study shows that this required didactic helped students feel more prepared to work in the free clinic. Recently introduced didactics focused on working with interpreters and precharting were found to be particularly useful, reflecting the importance of ongoing curricular updates to reflect student needs.

It was clear students found the range of small-group discussion, from ethics to health equity to community resources, useful as they began to grapple with their role in an imperfect system. Perspectives on the ethical nuances of SRFCs were notably mixed, highlighting the importance of ongoing discussions on this topic as students progress in their training.

The most popular aspect of the SRFC didactic by far was the paired MS4 apprenticeship system, in which early trainees see patients alongside a more advanced student. This near-peer training model, along with MS2 TAs, improved students' sense of community within SRFC.

Ultimately, this didactic improved student preparedness for SRFC work and strengthened motivation long-term to work with the underserved and address inequity in other healthcare settings. This study is a call to thoughtfully and thoroughly prepare students to work in free clinic, and in the process, strive to provide the highest quality of care for its patients.

References

1. Smith SD, Johnson ML, Rodriguez N, Moutier C, Beck E. Medical student perceptions of the educational value of a student-run free clinic. *Fam Med.* 2012;44(9):646-649.