



An Educational Curriculum Informing Five Student-Run Free Clinics in Philadelphia

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Abstract

The organization JeffHOPE (Health Opportunities, Prevention, and Education) operates five student run free clinics (SRFCs) in Philadelphia. The organization's goals are threefold: to provide supervised, free acute medical care to persons experiencing homelessness, to connect patients to the Philadelphia healthcare system, and to educate medical students and residents on compassionate and culturally competent care at the intersection between homelessness and healthcare. While many SRFCs around the country have emerged to provide medical care to underserved patients across the United States, something that makes JeffHOPE unique is its educational model. This article describes the development of a longitudinal, interactive educational model implemented by medical students at JeffHOPE. This model has implications beyond informing how medical students operate clinics, giving students tools to provide patient-centered, culturally competent care to vulnerable populations during their training and beyond.

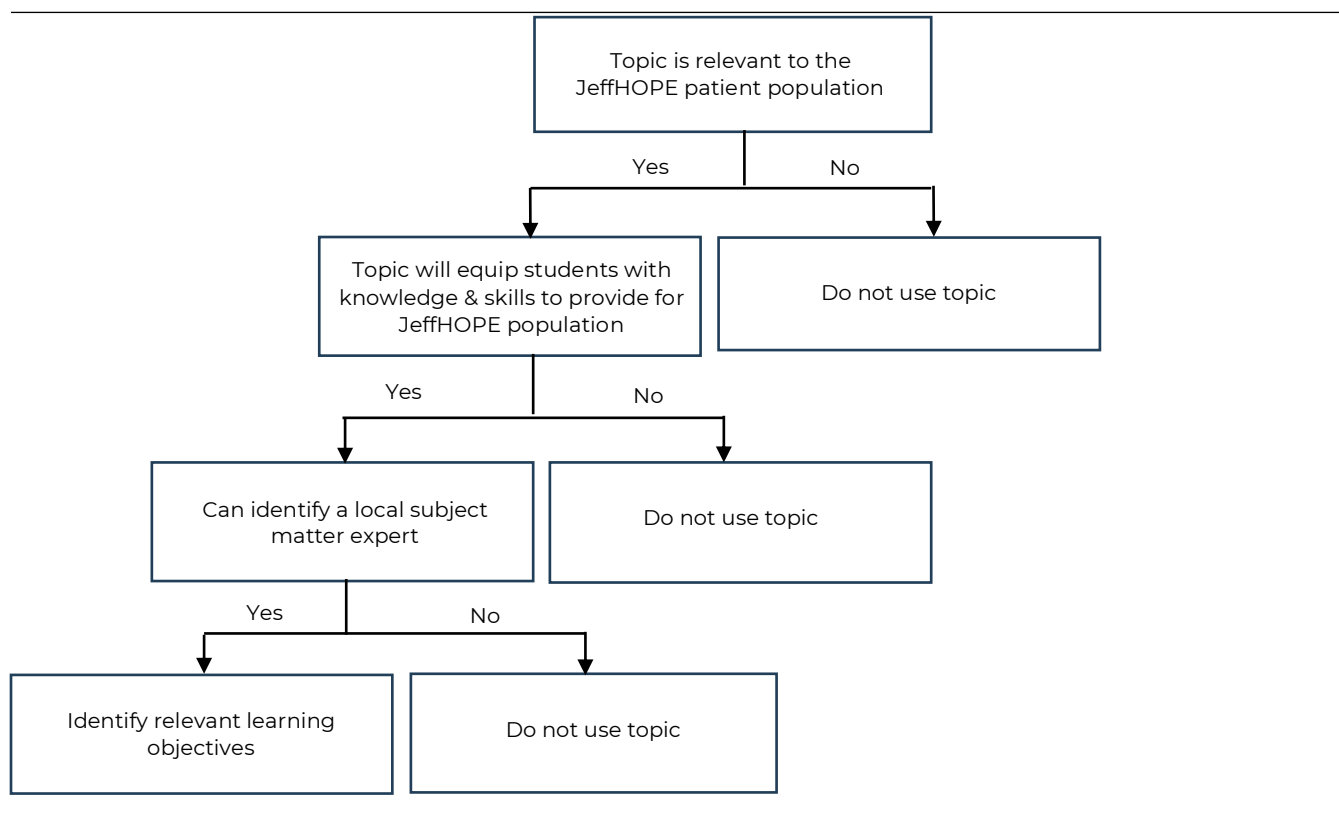
Importance of Curricula for Student-Run Free Clinics

Student-run free clinics (SRFCs) provide a unique environment for medical education in a clinical context.¹⁻³ SRFCs have been described as an ideal learning method for teaching medical students interdisciplinary care, resource allocation, advocacy, and healthcare quality.^{1, 4-5} Volunteering at such clinics as a medical student allows early engagement in patient care and has been shown to help future physicians learn about important topics such as escalating health care costs, quality improvement, and working with an uninsured population.^{1-3, 6} In addition to these core competencies, medical students may further develop empathy, compassion, and heightened social awareness.⁷

To date, most SRFCs utilize clinical exposure to educate medical students. However, some SRFCs have implemented educational modules and training sessions, which address healthcare subjects that disproportionately affect underserved populations. These have included discrete training sessions on HIV management, the influenza virus, crisis prevention, mental health support, medical Spanish, and health equity.⁸⁻¹⁴ One SRFC created 15-minute monthly didactic sessions on chronic disease management as a means of improving encounter time and clinic efficiency.¹⁵ A study from 2024 used a pre-post assessment to demonstrate that students participating in an SRFC experienced improvement in self-reported confidence in domains such as history taking and physical exam.³

Rupert et al. argues that SRFCs stand at the intersection between medical education, clinical care, and patient advocacy.¹⁶ By providing care to vulnerable populations, SRFCs provide students with opportunities to learn about important public health-related topics, such as health literacy and Medicaid enrollment.¹⁶ This paper highlights that supplemental education may augment hands-on education that students receive by volunteering at SRFCs. While many SRFCs have developed and

Figure 1. Process for selecting educational topics



implemented individual training sessions to improve the care medical students provide under supervision to their patient populations, there is limited published literature on a comprehensive or long-term curriculum to provide foundational training in caring for persons experiencing homelessness through student-run clinics. Furthermore, little information exists regarding the development and design process of such a curriculum.

Introduction to JeffHOPE

JeffHOPE (Health Opportunities, Prevention, and Education), is a student organization within Sidney Kimmel Medical College at Thomas Jefferson University that oversees the institution's five SRFCs and serves individuals experiencing homelessness in the Philadelphia community. Students run clinics at two men's shelters, one women's shelter, one family shelter, and one harm reduction drop-in site. The SRFC has three goals: to provide supervised free acute medical care to persons experiencing housing insecurity, to connect patients to the Philadelphia healthcare system, and to educate medical students and residents on compassionate and culturally sensitive care at the intersection between homelessness and healthcare. The annual educational curriculum consists of seven monthly teaching sessions for all clinic members, spanning topics that are relevant to the patient populations they treat at their five clinics throughout the city. The curriculum has been developed by student leaders in the organization with guidance from faculty advisors and is periodically modified based on student feedback. This paper aims to describe an educational curriculum informing a large SRFC initiative in Philadelphia, Pennsylvania.

The JeffHOPE Curriculum

JeffHOPE began hosting educational sessions named "Town Halls" as part of a longitudinal

Table 1. Town hall topics and results of pre- and post-surveys on learning objectives

Town Hall Topic	N	Paired Question regarding Learning Objectives (pre & post): Before (after) this session, I would be able to:	P value
Adverse Childhood Experiences (ACEs) among persons experiencing homelessness	61	Q1: Define ACEs and identify common ACEs	< 0.001
		Q2: Describe the physical and emotional impact of ACEs	< 0.001
		Q3: Work through example scenarios of various ACEs	< 0.001
		Q4: Discuss nuances to the discussion of ACE's	< 0.001
Suicidal Ideation, Homicidal Ideation, and De-Escalation	41	Q1: Understand the concept of a risk assessment	< 0.001
		Q2: Appreciate different clinical presentations of suicidal ideation	< 0.001
		Q3: Understand an overview of the local emergency psychiatry system	< 0.001
		Q4: Understand ideas related to countertransference and patient de-escalation	< 0.001
Ethics of Student-Run Free Clinics (SRFCs)	35	Q1: Describe ethical tensions of SRFCs	< 0.001
		Q2: Review qualitative evidence of how patients, students, and volunteers experience ethical tensions of SRFCs	< 0.001
		Q3: Brainstorm how SRFCs can address ethical challenges	< 0.001
		Q4: Debrief about my own experience with SRFCs	< 0.001
Introduction to the Health Resume	44	Q1: Understand the role of a health resume in improving patient-provider communication	< 0.001
		Q2: Identify relevant information to be included in a health resume for patients experiencing homelessness or patients with substance use disorders	< 0.001
		Q3: Practice having conversations with the goal of composing a clear and concise health resume with a patient	< 0.001
JeffDET - Medical Debt Elimination Taskforce	59	Q1: Understand the purpose of financial assistance at non-profit hospitals	< 0.001
		Q2: Recognize the intersection of housing insecurity, disability, and medical debt	< 0.001
		Q3: Characterize financial assistance at Jefferson Health	< 0.001
		Q4: Learn and apply the JeffDET screening workflow with attention to solutions for anticipated barriers	< 0.001
Housing Insecurity and the LGBTQ+ Community	41	Q1: Become familiar with the social determinants of health impacting the LGBTQ+ community	< 0.001
		Q2: List contributors to disproportionate housing insecurity impacting the LGBTQ+ community	< 0.001
		Q3: Be aware of the unique social needs of LGBTQ+ elders	< 0.001
		Q4: Outline solutions addressing housing insecurity for LGBTQ+ individuals	< 0.001
Racism and the War on Drugs	35	Q1: Demonstrate the difference between conceptualizing disparities in terms of race vs racism	< 0.001
		Q2: Examine the pivotal points in US drug policy and the relationship to systemic racism	< 0.001
		Q3: Recognize the impact of targeted alcohol and tobacco advertising in Black neighborhoods	< 0.001
		Q4: Evaluate the data on Philadelphia substance use crisis	< 0.001
Wound Care for Patients who use Intravenous Xylazine	46	Q1: Describe the scope and unique aspects of Philadelphia's Opioid Epidemic	< 0.001
		Q2: Identify and describe treatment algorithms for Xylazine Related Wounds	< 0.001
		Q3: Be able to refer patients and providers to established resources for treatment	< 0.001
		Q4: Be able to participate in educated discussion and advocacy in the realm of Opioid Abuse	< 0.001

Describes the survey questions for each Town Hall session, the sample sizes of participants who attended each session, and indicates that for each question participants increased their knowledge of the topic post-session. P values demonstrate statistical significance for acquisition of new knowledge. P values were calculated using two-sided paired sample testing, with <0.05 indicating statistical significance.

curriculum in 2018. By 2020, Town Halls became a monthly commitment and a required component for student volunteers within the organization. Since then, all weekly volunteers, including 1st and 2nd-year medical students termed “committee members” and 3rd and 4th-year medical student clinic “directors” attend all Town Halls organized by JeffHOPE’s Education Director, who is a fourth-year medical student. Topics addressed at Town Hall meetings are intended to be relevant to the work done by committee members at their clinics. Volunteer presenters (usually a mix of faculty, students or outside speakers from community organizations) conduct a lecture or interactive workshop addressing the desired topic, in-person or virtually. Town Hall topics are chosen by following the algorithm in Figure 1.

From 2021-2024, issues discussed in JeffHOPE Town Hall sessions included: an introduction to homelessness, housing affordability, post-incarceration effects on health, effects of adverse childhood experiences (ACEs) on health, mental health symptom recognition and referral, screening for sexually transmitted infections, nutrition counseling, motivational interviewing and early management of opioid use disorder, trauma-informed care, and management of urgent gynecologic conditions in the housing insecure populations. JeffHOPE has a separate process for mandatory safety education trainings (e.g. universal precautions and avoiding needlestick injuries), for committee members to complete upon entry into the organization.

Most Town Hall educational topics are covered annually, since JeffHOPE welcomes a new cohort of committee members every December. However, the educational series is updated periodically with new speakers and different topics as necessary, based on student feedback. These modifications ensure that Town Halls address emerging issues presenting in the clinic, as both community-based services and the patient population evolve.

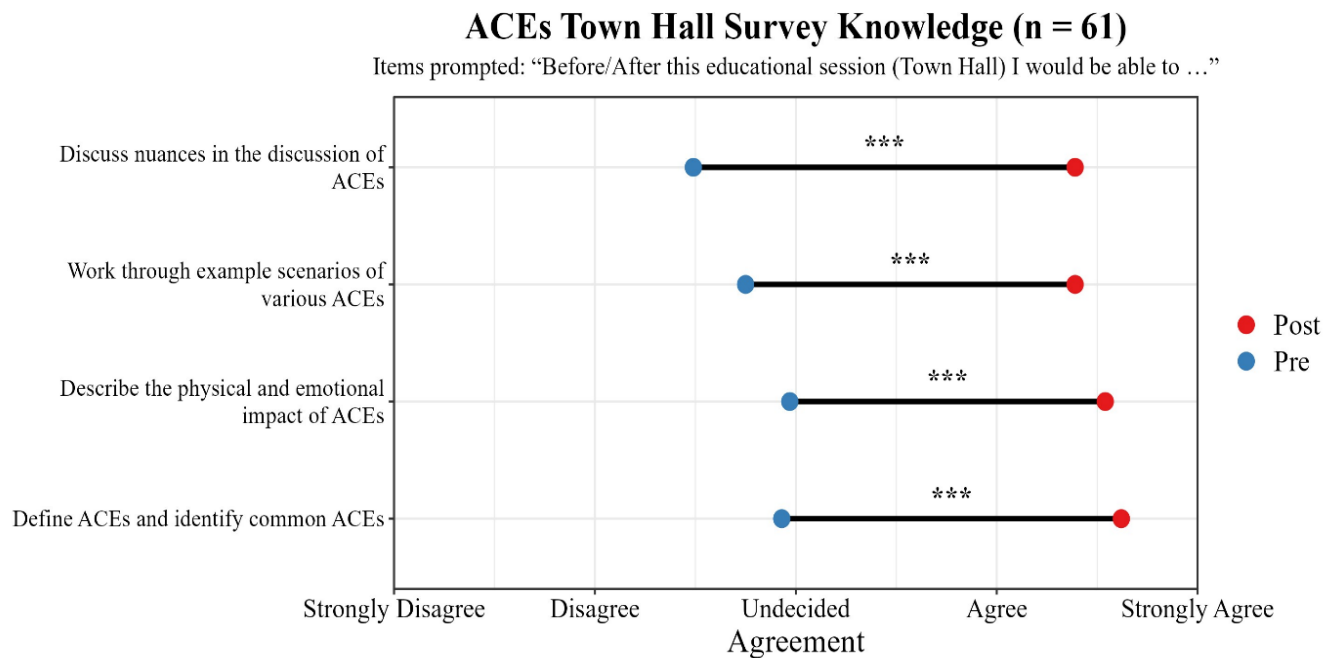
Methods to Assess Student Learning

Educational sessions were evaluated using surveys via Qualtrics (2026, Qualtrics, Provo, Utah). JeffHOPE committee members and directors who attended each Town Hall presentation completed surveys immediately before and afterwards. Students ranked their level of agreement with statements based on the learning objectives from each session, using a five-point Likert scale from *strongly disagree* to *strongly agree*. For example, in the Homelessness and ACEs session, question one of the survey was “Before this educational session [Town Hall] I would be able to: Define ACEs and identify common ACEs.” The survey also allowed respondents to provide feedback on the presentation’s level of audience engagement, topic relevance and efficacy. They were also asked to provide specific suggestions for improvement.

The survey process and data collection were piloted from April through June during the 2022-2023 academic year to address logistics and data capture. Actual data gathering commenced in December 2023. During the 2023-2024 academic year, JeffHOPE hosted a total of eight monthly Town Hall educational sessions (Table 1), running from December through July. The pre- and post-session surveys were reviewed using parametric and non-parametric statistical analyses. P values were calculated using two-sided paired sample testing, with <0.05 indicating statistical significance.

Results

Students demonstrated significant improvement in knowledge across the eight Town Halls. P values were consistently < 0.001 for an increase in scores across all learning objectives and Town Hall topics (Table 1). A representative figure for the ACEs Town Hall session is presented to aid in data visualization (Figure 2). Evidently, students reported an increase in knowledge and comfort with the educational material after participating in each Town Hall session. One potential limitation of this data is that survey questions were designed to evaluate levels of students’ self-assessed understanding as opposed to testing their objective knowledge.

Figure 2. Adverse childhood experiences (ACEs) town hall survey knowledge (n = 61)

Note. Points show mean pre- and post-session agreement scores. *** $p < .001$ for all pre/post comparisons.

A graphical representation of how participants' knowledge increased after attending the Town Hall on Adverse Childhood Experiences. P values were calculated using two-sided paired sample testing.

Potential Strengths & Limitations of the Longitudinal Curriculum

The strengths of this educational model lie primarily in its commitments to learning and self-reflection, as well as its longitudinal nature and adaptability. The Town Hall curriculum coincides with committee members' weekly hours at their clinics during the eight months of the academic year. The educational sessions support the students and the patients they encounter by improving the quality of patient care. The adaptability of the curriculum year to year allows medical students to have a say in what they are learning and to tailor their sessions to the most common issues encountered at the clinics. For example, committee members serving at the drop-in clinic in an area of the city with a high prevalence of opioid use disorder developed presentations covering screening for substance use disorder, its complications, and referral to treatment.

The weaknesses of the educational model include limited time in medical students' schedules and challenged covering all topics pertaining to the unique needs of populations served at different clinics. The strength of the data and analysis are limited by using a convenience sample. Due to changes in students' availability throughout the year, the number of students varied from session to session (Table 1). This project is also limited by annual turnover in student leadership, which presents a challenge for consistent yearly data collection. There is currently limited organizational capacity within JeffHOPE for supporting student research projects in addition to monitoring clinical quality improvement parameters.

Informed by these strengths and limitations, as well as by lived experience with the Town Hall format, the authors developed five recommendations for clinics looking to adopt an educational curriculum for their SRFCs:

1. Mandatory educational sessions for medical students participating consistently in clinics help ensure that students develop strong foundational knowledge about how to support the populations they serve.

2. Including consistent faculty oversight and student feedback through surveys or other measures can ensure the curriculum is designed to fit student needs.
3. Utilize an in-person format for most of the educational sessions, with a virtual format reserved for when anticipated attendance is low, such as during student exam weeks. Recording all sessions allows students to review content post presentation and an opportunity for students who were absent to view the content.
4. Store all materials and information used for each educational session in a central location that can be easily accessed and shared among directors at the SFRCs within each institution. These student leaders must be responsible for updating the information as needed.
5. Engage faculty advisors, area subject matter experts, and students throughout the SRFC organization in the development of the curriculum. At JeffHOPE, committee members from different clinics made valuable contributions to some of the educational sessions. This bolsters not only the quality of the education, but also the capacity of the curriculum to address a more diverse range of topics.

Conclusions

A longitudinal, adaptable public health-focused curriculum for preclinical and clinical medical students involved in student-run free clinics served JeffHOPE well during this initial phase. Informal feedback as well as survey data from participants during the 2023-2024 academic year showed gains for most participants in medical knowledge and in levels of engagement for students in JeffHOPE. Such a curriculum has the potential to increase the competencies needed to engage patients from vulnerable populations and help link them to local resources and follow up sources for clinical care.

JeffHOPE's current quality infrastructure has been focused primarily on clinical processes and safety. As such, collecting and analyzing Town Hall data has not been a priority since 2024. While Town Halls are still happening, research is no longer being conducted. Future work is necessary within the organization to establish a more permanent evaluation infrastructure that can monitor and measure the efficacy of educational sessions designed to build knowledge and confidence in these specialized clinical learning settings. Doing so will allow JeffHOPE to adopt the most effective methods of communicating information about important topics regarding the care of persons experiencing homelessness.

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Disclosures

The authors have no conflicts of interest to disclose.

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