



Student-Run Clinics Adapt to Emerging Changes in Healthcare and Education

Previewing the 2016 Society of Student-Run Free Clinics Annual Conference

Brian Coburn¹; Katie Seryak²; Jessica Lander³

¹University of Nebraska Medical Center, Omaha, Nebraska, USA

²Wayne State University School of Medicine, Detroit, Michigan, USA

³University of Alabama School of Medicine, Birmingham, Alabama, USA

Corresponding Author: Brian Coburn; email: brian.coburn@unmc.edu

Published: January 30, 2016

Abstract

Healthcare and medical education have undergone rapid evolution in the past five years. These changes highlight the flexibility and impact of student-run clinics (SRCs). From the passage of the Affordable Care Act to medical education's increasing emphasis on healthcare delivery and experiential learning, the rise of SRCs has placed students on the front lines of progress. During this time, the Society of Student-Run Free Clinics (SSRFC) has worked diligently to help clinics adapt and prosper in this new era. In this article we reflect on the upcoming SSRFC Annual Conference and how SRCs are situated to adapt to these recent changes. We conclude by identifying specific SSRFC goals to help students and clinics continue to grow.

Healthcare for the Underserved

The passage of the Affordable Care Act and widespread state expansion of Medicaid presented ethical and logistical challenges for student-run clinics (SRCs) designed to be primary medical homes for patients who are uninsured or underinsured. Nationally, many clinics responded to the expansion of healthcare benefits by adopting bridge-to-care models and identifying patients eligible for health insurance. SRCs are in contact with many low-income and now newly eligible patients and can help connect them to insurance benefits.

During this historic transition point, bringing together the SRC community to share ideas, collaborate, and support each other is as paramount as ever. Each year, the Society of Student-Run Free Clinics (SSRFC) hosts its Annual Conference to do just that. At the 2016 Annual Conference, many clinics are sharing how their models of care have evolved. There will be presentations about clinic initiatives to address specific community needs as they arise, as well as presentations about expanding access to rural patients. Novel and niche clinic

models will continue to broaden the growing impact of SRCs.

Service-learning

Healthcare delivery is emerging as the "third science" of medical education, in addition to the traditional basic and clinical sciences.¹ This emergence is in response to healthcare systems' struggles to deliver chronic care efficiently. SRCs can play an integral role in cultivating experience in this area. This third science is the daily work of participants at SRCs, who exercise systems-based practice as they implement electronic medical records, develop new patient reminder and referral systems, and explore cost-containment strategies. The Annual Conference is a prime location to learn about successful third science innovations designed and implemented by student leaders. We expect SRCs to play a vital role in the future of healthcare delivery curricula.

Medical education is also being pushed by education theory to be more immersive, interprofessional, interpersonal, and problem-based. These characteristics are already present in most SRCs. Students use SRCs to implement interprofessional

care models, improve pre-clinical knowledge through experiential learning, and deepen understanding of chronic care through processes such as structured note-taking. Furthermore, SRCs offer a chance for students to develop patient-provider interpersonal skills early in their education when clinical opportunities may not be built into the formal curriculum. Presentations at this year's conference on patient-centered care, motivational interviewing, and clinical skills reflect the strength of SRCs in providing these training opportunities. SRCs are on the forefront for accelerating critical areas of student learning while providing care to those who may otherwise go without.

clinics in medical schools. JAMA. 2014 Dec 10;312(22):2407-10. [LINK](#)

The SSRFC Commitment

SRCs have continually adapted their operations to thrive in new climates of healthcare and medical education. Much has changed since the SSRFC's first Annual Conference in 2010, and the SSRFC will continue to dedicate itself as a resource for communication of best practices in clinic development, funding, and operations. The number of SRCs has nearly doubled since 2005, and clinics are now available to students at over 75% of academic allopathic medical institutions.² We remain devoted to helping new clinics form because each clinic expands the opportunity for service-learning while closing the gap in healthcare access for those in need. The SSRFC is also committing itself to making the Annual Conference financially accessible for students. In 2016, the SSRFC will become an independent, tax-exempt organization, and explore new funding mechanisms to keep the conference affordable. Finally, we will be working to better define a research agenda which will help demonstrate the quality and value of SRCs for communities and sponsoring institutions. We call on student and faculty leaders nationally to help make these goals a reality.

Disclosures

The authors are executive board members for the Society of Student-Run Free Clinics. There are no financial conflicts of interest to disclose.

References

1. Vassar L. New "third science" a bedrock for transforming med ed [Internet]. American Medical Association; 2015 Jun 9 [cited 2016 Jan 30]. Available from: <http://www.ama-assn.org/ama/ama-wire/post/new-third-science-bedrock-transforming-med-ed>. [LINK](#)
2. Smith S, Thomas R 3rd, Cruz M, Griggs R, Moscato B, Ferrara A. Presence and characteristics of student-run free