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Descriptive Report

24 Years of Student-Run Free Clinics: A Review of the Community Health Advancement Program (CHAP) Dermatology Clinic and Challenges Faced

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Abstract

Student-run free clinics (SRFC) have become more common within schools throughout the years and a way to provide care to vulnerable populations. The Dermatology Clinic, run by the Community Health Advancement Program (CHAP) at the University of Washington School of Medicine, provides students with a unique opportunity to practice clinical skills and service to underserved populations throughout the four-year medical curriculum. Since the inaugural clinic in 1994, this clinic has attempted to address local health disparities in Seattle, Washington. This article describes the general structure of the clinic, highlighting the team structure, patient population, and recent obstacles faced, as well as solutions used to address various issues. After 24 years of service, the Dermatology Clinic is a model SRFC for schools looking to create opportunities for their students to collaborate with the local community in a meaningful way.

Background

Student-run free clinics (SRFCs) have become more common within medical schools in the United States over the years. In 2005, the first nationwide study on these clinics identified 111 SRFCs at 49 different Association of American Medical Colleges institutions.[1] A follow-up study nine years later found that this number more than doubled, with over 75% of medical schools hosting one or more clinics run by students.[2] At the University of Washington School of Medicine (UWSOM), students have the opportunity to participate in the Department of Family Medicine's Community Health Advancement Program (CHAP), a collection of student-run clinics committed to serving members of the Seattle area's homeless population. CHAP has operated since 1980, with its weekly Dermatology Clinic ongoing since 1994. With the recent boom in new SRFCs, many of the challenges overcome in the 24-year history of the CHAP Dermatology Clinic can offer significant lessons for new and ongoing free specialty clinics.

In this article, we will outline the importance of CHAP's dermatology focus and discuss the challenges of maintaining continuity with transient and temporary patient, volunteer, and preceptor pools.

An Introduction to CHAP

CHAP was started in 1980 when UWSOM students and faculty came together with the mission to provide needed services to several of Seattle, Washington's low-income communities. Through this work, students also gained (and continue to gain) experience in community-based medicine and health education. All CHAP clinics are led by students and are not part of any curriculum or credit-based course.

In 1992, students voiced an interest in addressing the unmet needs of the local homeless community. Faculty and students worked to establish

a partner within the community, completed a community assessment, and identified the most needed health services.[3] The Downtown Emergency Service Center (DESC) invited CHAP students to establish a free clinic at their emergency shelter in downtown Seattle with a focus on the dermatological needs of the shelter residents. DESC provides integrated services to thousands of individuals experiencing homelessness daily, particularly those living with mental illnesses or substance use disorders. Within this patient population, dermatologic complaints have been a persistent and difficult-to-address issue. After two years of planning and development between leadership at CHAP and DESC, the first CHAP Dermatology Clinic was held on December 14, 1994. The focus on dermatological concerns, rather than broader areas of medicine, is central to the CHAP Dermatology Clinic's initial and ongoing success.

Why Dermatology-Only Clinics?

Dermatology complaints within this patient population are numerous, stressful, and often severely detract from individuals' quality of life. On our review of the literature, there appear to be few studies assessing prevalence of dermatologic disease in homeless or shelter populations; however, one retrospective chart review found 53.5% (n=136) of patient charts from one shelter clinic were associated with visits for dermatologic complaints or with visits resulting in dermatologic diagnoses.[4] When looking at the national population as a whole, the American Academy of Dermatology (using data from 2013) found that 27% of the population was seen by a physician for a skin-related complaint in 2013.[5] In CHAP clinics, the most commonly diagnosed problems are scabies, lice, cellulitis, atopic dermatitis, tinea pedis, and diabetic foot ulcers. Lice, scabies, and bed bugs are easily spread within shelter settings and are difficult to eliminate without proper treatment and access to regular hygiene and laundry facilities. Inability to access regular hygiene services also provides the substrate for cutaneous fungal and bacterial infections. Foot health is of major importance within this community, given that experiencing homelessness often involves spending significant amounts of time on one's feet and properly fitting, quality shoes can be difficult to obtain. Dermatologic diseases such as eczema and psoriasis typically require ongoing treatment with medications that can be challenging to afford. Prolonged exposure to the elements, including sun, damages the skin and increases risk for cancer and other lesions of the skin with malignant potential. Accessibility to specialty dermatology services can be limited by appointment wait-times of weeks to months and transportation barriers.[6-7]

The good news is that, with access to medical care, identification and treatment for these skin ailments is very possible, and treatment plans are often simple. By addressing the issue of access, CHAP strives to provide some relief in the day-to-day lives of shelter residents. DESC is able to provide shelter residents with some primary care services through an in-house nurse, and some residents of DESC have established primary care elsewhere, making CHAP Dermatology Clinic a logical and impactful choice.

What CHAP Provides

In general, most complaints seen in CHAP clinics are simple to diagnose and treat in clinic with the proper medications and supplies. Most treatment plans involve topical antibiotics/antifungals, oral antibiotics, and topical corticosteroids—all of which CHAP stocks as high-yield medications given the most common concerns of our patient population. For insect infestations, laundering clothes for full eradication and complete treatment is necessary, and our teams are able to advocate for patients, requesting these services as a priority from the shelter. Our teams also provide reassurance for non-dangerous complaints, screenings, and dermatology referrals for more concerning or medically complicated lesions. Lotions, clean socks, and clean clothing play a major role in treatment and long-term skin health, and clinic volunteers are able to provide these to patients during clinic. Lastly, CHAP is able to provide referrals to primary care at nearby outside clinics for those that want them.

Table 1. Clinic team members and responsibilities

Clinic Team Members	Qualifications	Responsibilities
Student clinic coordinators (2)	1st and 2nd year medical students from CHAP leadership team	Organize volunteers, recruit patients, dispense medications
Pre-clinical student providers (2)	1st and 2nd year medical students, nursing students, physician assistant students	Interview patients, formulate assessment and treatment plan
Clinical student providers (2)	3rd and 4th year medical students, ARNP students, clinical physician assistant students	Interview patients, guide pre-clinical students, formulate assessment and treatment plan
Attending physician (1)	Community volunteer physician	Supervise interviews, confirm assessment and treatment plan, prescribe medications, clinical teaching
DESC Staff	—	Coordinate access to space, help recruit patients

ARNP: Advanced Registered Nurse Practitioner; DESC: Downtown Emergency Service Center

Overview of the Clinic Model

Clinical Team

The clinic staffing model is shown in Table 1. The team includes student coordinators and providers, an attending physician, and DESC staff.

Logistics and Clinic-Day Operations

Dermatology Clinics at DESC are three hours long and are held multiple Wednesday evenings each month. Student volunteers sign up for clinic dates in advance on a first-come, first-serve basis. Paired pre-clinical and clinical students obtain a focused history and physical exam, and afterwards present their findings and differential diagnosis to the attending preceptor. A treatment plan is decided on, and the attending physician and students re-enter the patient room to discuss the diagnosis and treatment plan. Volunteers can then provide prescriptions, socks, clothes, hygiene products, and referrals to primary care. Each patient visit generally lasts 30 minutes but may be longer or shorter depending on the needs of the patient. Typically, six to eight patients are seen each clinic. Student coordinators take record of prescriptions and supplies used throughout the duration of clinic. Student coordinators also communicate with DESC's onsite nurse for referrals to primary or specialty care and to outline necessary resources for treatment (hot showers, laundry, fresh bed sheets, etc.).

CHAP receives faculty and half-time staff support from the UW Department of Family Medicine. The bulk of funding comes from Friends of UWSOM, a philanthropic group of retired physicians who raise funds and provide grants within UW. Additional funds and clothing donations are raised by yearly student-led donation drives. CHAP operates on a small annual budget with approximately 15% dedicated directly to medications, which are purchased through the UW Medicine pharmacy.

Challenges Faced

CHAP has experienced many successes and challenges over the course of its 24 years. In this section, we outline some of the challenges CHAP has faced with the goal of sharing our experiences with other SRFCs facing similar issues.

Patient Continuity

With a somewhat transient shelter population, and a focus on mostly acute dermatologic complaints, the Dermatology Clinic has struggled with individual patient continuity. The diverse population at the DESC shelter is continually changing; some residents have been living in the shelter for decades, while others are in and out

from day-to-day or month-to-month. Clinic student volunteers and preceptors also vary with each clinic, and communication about individual patients across clinics is rare. These factors are relatively fixed given the nature of this clinic and inherently make patient continuity challenging. In addition, in order to maintain patient health information confidentiality, past patient records are securely kept at the DESC facility with their nursing staff, and notes from previous patient visits are seldom accessed at subsequent clinics. This is a hindrance in the infrequent situations where patients visit CHAP clinics consecutively for follow-up of acute-on-chronic or chronic skin diagnoses.

CHAP has attempted to offset this issue of continuity in multiple ways. Though our services mostly engage acute complaints, we are able to refer to nearby dermatology and primary clinics for continuity care. We also maintain an ongoing relationship with on-site nursing staff to provide summaries of the patients seen and conditions treated each clinic, and to provide updates on patients who are followed through multiple clinic visits. Thoughts for the future include a digital charting system on electronic tablets, which would allow access to previous records while maintaining protection of patient health information. However, this must be cleared by administration, and the proper funds must be raised to implement this.

While CHAP is limited in ability to provide continuity, the program's strength lies in providing reliable and predictable clinic services for those who may otherwise experience tumultuousness in their day-to-day lives. When volunteers walk in each Wednesday, they are often greeted with recognition by long-standing shelter residents, who are then able to explain services to newer residents. This recognition and trust among residents are major reasons behind CHAP's longitudinal success.

Volunteer and Leadership Continuity

As mentioned above, an inherent challenge for SRFCs is the regular turnover of student volunteers and leadership. The regional structure of the UWSOM exacerbates this issue, as students spend one and a half years of pre-clinical medical education in Seattle and then may be spread out across a five-state region for clinical rotations. In practice, this has led to a change in leadership annually. This turnover combined with UWSOM's geographic spread directly limit CHAP's ability to provide continuity of care.

CHAP has dealt with these regular transitions in several ways. First, we have developed a transition period of overlapping leadership, which involves new leaders coordinating clinics alongside outgoing leadership prior to independently taking over their roles. This overlap in leadership preserves clinic structure from year-to-year, allows for continuity in long-term quality improvement projects, and significantly reduces the learning curve. Secondly, CHAP provides a written manual and sample clinic schedules and checklists that are continually edited to be kept up to date. Next, CHAP has a paid staff program coordinator and faculty physician through UWSOM's Department of Family Medicine. These stable positions are dedicated to CHAP and help maintain institutional memory across the years. Lastly, former CHAP leaders in their clinical years often return to volunteer while on rotation in Seattle and provide direction and guidance to current leadership and less experienced volunteers as needed.

Preceptor Continuity

Preceptor continuity has been one of CHAP's largest struggles, as clinics cannot run without a physician preceptor. CHAP recognizes and is grateful that these physicians elect to spend their Wednesday evenings with us after a long day of work and a commute through downtown traffic to reach the facility. Several of CHAP's core physician preceptors are UW-affiliated physicians and have overseen Dermatology Clinics since the program's inception in 1994. Others have regularly attended clinic for the last 4-5 years. Having a consistent, core group of attending physicians has supported consistency of clinic quality, continuous student volunteer education, and upholding of CHAP's goals. However, this core group of attending physicians is small (3-5 regular preceptors) and many long-standing volunteers are reaching retirement. Low preceptor recruitment numbers have been especially true in the last 1-2 years for unknown reasons, requiring several clinics to be cancelled due to lack of preceptor oversight. This issue of maintaining preceptor

coverage undermines our goal of providing reliable and continuous services for our patients.

New preceptor recruitment has been the center of CHAP's focus in solving this issue but has proven a difficult task. Initial outreach by student leadership to different departments within the School of Medicine, several UW-affiliated clinics, and several non-UW affiliated clinics throughout the Seattle area yielded in few new physician recruits. Some feedback we received from potential physicians include inadequate description of CHAP responsibilities in the recruitment emails, giving providers unfamiliar with CHAP a poor sense of the organization and the clinics. As these changes are incorporated into recruitment materials, we hope for an increased turnout in physician recruitment in the coming months and years. Future directions to consider include expanding CHAP provider insurance coverage to Advanced Registered Nurse Practitioner preceptors, though governing administration will need to determine feasibility. Building a core group of eight to ten regular preceptors is CHAP's goal for sufficient coverage of all clinic days.

Conclusions

To conclude, CHAP is a long-standing program within the UW School of Medicine and UW Department of Family Medicine that has achieved several successes over the course of its 24 years. Critical to CHAP's endurance has been its focus on the value of providing access to an often difficult-to-access yet highly needed medical specialty, with recognition and acceptance of the fact that CHAP cannot realistically provide all medical services needed within Seattle's homeless population. Despite CHAP's continued success, there is room for improvement, especially in regards to the challenges outlined in this paper. Volunteer and preceptor continuity is an inherent challenge in any SRFC with transient volunteer pools, and CHAP has found ways to propagate institutional memory across years through stable paid staff positions, trainings, and resources that are carried across generations of CHAP leadership. While patient continuity is arguably one of CHAP's biggest shortcomings, we celebrate the program's ability to provide reliable and predictable services to a constantly changing shelter population and the ability to refer patients to primary care or dermatology clinics that can provide continuity. What is exciting for the future is the possibility of an electronic medical record system that would allow for some degree of individual patient continuity. In the meantime, CHAP will continue fulfilling its mission of providing compassionate, patient-centered care to those experiencing homelessness in Seattle just as it has for the past 24 years.

Disclosures

The authors have no conflicts of interest to disclose.

References

1. Simpson SA, Long JA. Medical student-run health clinics: important contributors to patient care and medical education. J Gen Intern Med. 2007 Mar;22(3):352-356. LINK
2. Smith S, Thomas R, Cruz M, et al. Presence and characteristics of student-run free clinics in medical schools. JAMA. 2014 Dec;312(22):2407–2410. LINK
3. Baggett TP, O'Connel JJ, Singer DE, Rigotti NA. The unmet health care needs of homeless adults: a national study. Am J Public Health. 2010 Jul;100(7):1326-1333. LINK
4. Contag C, Lowenstein SE, Jain S, Amerson E. Survey of symptomatic dermatologic disease in homeless patients at a shelter-based clinic. Our Dermatol Online. 2017 Jan;8(2):133-137. LINK
5. Lim HW, Collins SAB, Resneck JS, et al. The burden of skin disease in the United States. J Am Acad Dermatol. 2017 May;76(5), 958-972.e2. LINK
6. Raoult D, Foucault C, Brouqui P. Infections in the homeless. Lancet Infect Dis. 2001 Sep;1(2):77-84. LINK
7. Grossberg AL, Carranza D, Lamp K, et al. Dermatologic care in the homeless and underserved populations: observations from the Venice Family Clinic. Cutis. 2012 Jan;89(1):25-32. LINK