

Developing and Sustaining Student Run Clinics: A Toolkit



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2016

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Contributing Student Run Clinics:

CHIUS

SHINE

Calgary SRC

SWITCH

SEARCH

WISH

Compass North

Imagine

HOPES

MUN Gateway

Access Women's Clinic

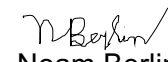
Forward By the Editors

This toolkit was created with the intent to help students across Canada develop and sustain interprofessional student-led health initiatives which foster authentic training experiences with underserved and disadvantaged communities. Student-led health initiatives, or student run clinics (SRCs) provide students with exposure to real clinical environments and team based care early in their curriculum. They allow students to directly contribute to patient health and feel valued for what they can provide during their training.

The information presented in this toolkit was collected through interviews with many isolated SRCs from across Canada and compiled by authors from various clinics and health professions. This document is the result of a collaborative effort of an alliance of health professional students from across Canada, which included physiotherapy, pharmacy and medicine, and is an example of what interprofessional collaboration can achieve.

This toolkit is meant to be the first of many versions, and we hope that it will continue to be expanded to incorporate new clinics and information such that it remains relevant and useful. By making this information available, it is our hope that SRCs spread and expand as a tool for fulfilling the needs of students and training institutions, and most importantly to better the health of our communities.


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Background

1. What is an SRC

A Student Run Clinic (SRC) is a healthcare environment where students are leading the care under the supervision of licensed health care professionals. The goal is to find areas of need in the existing healthcare system and utilize students to fill in the gaps. With proper training and adequate supervision of student volunteers, and meeting regulatory college requirements, this model may appeal to all stakeholders. SRCs may provide patients with opportunities to receive care at times and locations that are more accessible for them. Patients may appreciate the time and attentiveness that students can afford to provide. This also serves as an opportunity for students to contribute to real patient care and service learning. These types of clinics most often include students in the leadership of the clinic, on the front lines providing care, but also in non-clinical services such as education and outreach.

SRCs may also be known as:

- a. Faculty-Student Collaborative Clinic
- b. Student Run Free Clinic
- c. Student Led Health Initiatives
- d. Student Led Clinical Environments
- e. Student Led Clinic
- f. Student-Faculty Clinics
- g. Student-Faculty Collaborative Practice
- h. Physician-Supervised, Student Initiated Clinic

2. Purpose

- a. Provide support for students interested in developing SRCs at their institutions by sharing this summary of existing clinics, common issues, different models and non-clinical activities.
- b. Provide ideas and collect information in one location for active clinics interested in expanding or looking for help in sustaining their clinics, and to support the development of new clinics.
- c. This document does not replace contacting active clinics, leaders and groups that work with SRCs but does provide the contact info for many.
- d. This document does not at present discuss in detail day-to-day operational flow of the clinics
- e. This document does not at present discuss in detail various supervisory models due to the specificity of provincial regulations

3. Partners

This work began following the Canadian Federation of Medical School (**CFMS**) paper on interprofessional medical education (**IPE**) in Canadian Medical Schools: "...providing medical students with opportunities to work side by side with professionals

with diverse types of expertise...” [http://www.cfms.org/attachments/article/163/2015 CFMS Interprofessional Education.pdf](http://www.cfms.org/attachments/article/163/2015%20CFMS%20Interprofessional%20Education.pdf)

Together with the Ontario Medical Students’ Association (**OMSA**), a committee was created to assess the need, scope, and coordinate the work. Connecting with the Student-Led National Clinics of Canada (**SNaCC**) was crucial to launching this project, as they had made previous attempts and collected relevant resources from existing clinics in the past. We also collaborated with leadership at the existing clinics, and must give special thanks to SWITCH that has created a lot of the resources and templates we’ve provided herein.

This project has also been supported, reviewed and endorsed by representatives of other national health care professional student associations through an alliance that is developing, which, at the time of publishing included the following organizations: CFMS; Canadian Association of Pharmacy Students and Interns (**CAPSI**); Canadian Nursing Students’ Association (**CNSA**); Canadian Physiotherapy Association National Student Assembly (**CPA NSA**); National Health Sciences Students’ Association (**NaHSSA**).

4. Contacts

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Literature Review

Authors: Dan Burton, Reed Gillanders, Florentina Teoderascu

Introduction

Interprofessional collaboration (IPC) is not a novel concept. Nevertheless, its place in the Canadian healthcare system has never been more important. IPC has been demonstrated to improve the efficiency of healthcare delivery as well as patient outcomes (World Health Organization; WHO, 2010). In order for IPC to be successful, healthcare professionals must gain insight into the roles and responsibilities of other healthcare professionals (Dugani & McGuire, 2011). Many undergraduate and professional programs around the country are starting to recognize the importance of IPC, and are beginning to implement interprofessional education (IPE) into their core curricula. IPE aims to impart knowledge, skills, and attitudes that will enable future healthcare professionals to function effectively in collaborative care environments (Dugani & McGuire 2011).

In 2000, the first interprofessional SRC was opened in Canada in conjunction with the University of British Columbia. Community service involvement with SRC is an excellent avenue for students to acquire IPE, to enhance their clinical skills, and to provide healthcare services to underserved patient communities. SRCs are focused on comprehensive, holistic, and team-based care. There are 3 fundamental values common to all Canadian SRCs: health equity, interprofessionalism, and student leadership (Holmqvist, et. al., 2012). The unique clinical environment enables students to spend time listening to patients, educating them regarding strategies for managing disease and improving health outcomes, meanwhile learning how to become better clinicians. This enhances patient satisfaction, improves compliance, increases diagnostic accuracy, and results in fewer return visits (Charon, 2001; Gross et al., 1998; Cepeda, et al., 2008; Arntfield et al., 2013). Furthermore, this healthcare model improves access to empathetic primary care for those experiencing homelessness (Campbell et. al., 2013).

While the benefits of SRCs are becoming increasingly apparent, there are only seven clinics currently operating across Canada. In comparison, the United States has approximately 110 SRCs as of 2014 (North Compass, Meah, Smith, & Thomas, 2009). Opening a student run clinic requires a great deal of work, dedication and support from educational institutions, host-clinics, and health regions. A survey of 84 SRCs in the United States revealed that their greatest strengths were serving the underserved and contributing towards enhancing education for healthcare students (Smith et. al, 2014). Their biggest challenges included securing sufficient funding and recruiting an adequate number of faculty members (Smith et. al., 2014).

The purpose of this document is to provide students with guidelines for opening, maintaining, and expanding an SRC within a respective community. SRCs can improve access to care, particularly for underserved populations. Furthermore, these clinics contribute towards expanding IPE and enriching educational experiences for healthcare students from all specialities.

Impact on Students

The impact of SRCs on students is measured in a variety of different ways. Recent literature suggests that students participating in SRCs demonstrate improved clinical knowledge and skills, improved collaboration skills, improved attitudes towards interprofessionalism, and increased comfort with underserved populations. These students also show increased interest in primary care. A 2015 systematic review of student outcomes suggested that participation in an SRC has a positive effect on student clinical skill set, acquisition of knowledge not taught elsewhere in the curriculum, and that the quality of specific aspects of care delivered by students was comparable to that of regular care (Schutte et. al., 2015). Additionally, students that participated in an SRC in Charleston showed statistically significant improvements in interprofessional perceptions and attitudes, and perceptions of clinical reasoning skills when compared to control groups (Seif et. al., 2014). Medical students that participated in an SRC in San Diego showed improved knowledge, skills, attitudes and self-efficacy with the underserved, interest in work with the underserved after graduation, and interest in primary care (Smith et. al., 2014). Student-run free clinics allow students to develop a sense of clinical autonomy in a controlled environment by allowing them to take on more personal responsibility for patient care with supervision to ensure patient safety (Teherani, 2015).

However, there is still some controversy in the literature over whether clinical learning outcomes for SRC volunteers are improved or equivalent. In a study conducted at Wayne State University in Detroit there were no statistically significant differences in OSCE score between medical students that participated in the SRC and those that did not (Nakamura et. al., 2014), whereas a study of students volunteering at a Southern California SRC showed higher GPA, and Step 1 and 2 CK scores (Vaikunth et. al., 2014). It is apparent from the literature that SRCs have the opportunity to provide a valuable learning experience for volunteers and enrich their education.

The literature also shows that participation of non-clinical students in a non-clinical capacity at an SRC leads to increased understanding and favorable perception of underserved populations and primary care. After spending a summer at an SRC in New York, students not currently in a health sciences college showed an improved understanding of the healthcare process and issues faced by underserved populations, more favorable attitudes towards primary care, and more interest in pursuing a career in primary care (Shabbir & Santos, 2015).

Participation in an SRC in a leadership capacity leads to increased understanding of interprofessionalism, while positively impacting their desire to pursue leadership opportunities as part of organizations working to serve underprivileged communities. Students from an SRC affiliated with Yale University SRC reported that their experience improved their attitude towards interprofessional collaboration, fostered their leadership skills, and positively impacted their future career plans to be involved with underserved populations (Scott & Swartz, 2014). At a San Francisco SRC students taking on leadership positions demonstrated improved understanding of systems based practice (Sheu et. al, 2013). Participation in a leadership role in an SRC is valuable because it augments the professional development of future health care practitioners.

The literature shows that integrating peer-mentorship at SRCs leads to improved outcomes for volunteers. Students at a student-run free clinic in Germany participating in peer-assisted learning had significantly better results in theoretical, practical, and OSCE testing than those that did not (Seifert et. al., 2015). Peer mentorship of first year medical students by fourth year students at SRCs has shown to increase volunteer comfort with patients and satisfaction

with mentorship (Choudhury et. al., 2014). SRCs should look at ways of integrating peer-mentorship in their clinical model to enrich the experience for junior students.

Impact on the Community

The number of studies evaluating outcomes for patients accessing services at SRCs is limited. Literature demonstrates that clinical services provided at SRCs can be of equal - or even higher - quality than regular care. In some studies, the SRC approach has been shown to create a greater level of patient satisfaction, greater compliance, increased diagnostic accuracy, and fewer return visits (Charon, 2001; Gross et al., 1998; Cepeda, et al., 2008; Arntfield et al., 2013).

However, some studies suggest that there is no difference in the quality of clinical care provided by SRCs. In the 2015 systematic review by Schutte et. al. mentioned above, there was no significant difference in quality of specific aspects of care delivered by students compared to regular primary care. As well, a comparative evaluation of patient satisfaction outcomes between a student-run free clinic and its host walk-in clinic in Cleveland showed statistically equivalent levels of high satisfaction with patient care teams but lower levels of satisfaction with wait times, accessibility, and privacy of health information (Lawrence et. al., 2015). Of course, the quality of health care provided by the SRC depends on many different factors. With proper structure, governance, and resources it is possible to provide care that meets or exceeds the quality of care typically provided by local primary health care clinics.

The rates at which preventative medicine is discussed with patients has been used as an outcome measure for assessing quality of care. A cross-sectional chart review of a Yale SRC and retrospective chart review of a New Jersey SRC showed provision of preventive medicine counselling to eligible patients at rates comparable to national levels (Butala et. al., 2013; Zucker et. al., 2013). Although it is a positive indicator for the quality of primary care that SRCs are meeting national standards for discussing preventative medicine, there is still a lot of room for improvement (Butala et. al., 2013; Zucker et. al., 2013).

A more structured approach to evaluating the quality of care provided at SRCs is to compare outcomes for commonly-encountered chief complaints. A retrospective analysis of data pertaining to hyperlipidemia control collected at 3 student-run clinic sites in San Diego demonstrated that student-run clinics can effectively manage hyperlipidemia over time and that rates of control can exceed national standards (Rojas et. al., 2015). Another retrospective chart review at an SRC in San Diego demonstrated that student volunteers with faculty supervision can successfully screen, diagnose, and manage depression leading to clinically significant improvement in depression severity for patients (Soltani et. al., 2015). A study of an SRC in New York City found that patients visiting the SRC experienced better mental health outcomes attributed to enhanced physician contact and increased long-term compliance with their management plan as compared to non-SRC clinics (Lieberman et al., 2011). A third retrospective chart review of San Diego SRCs showed that diabetic patients received care that met or exceeded national standards for routine diabetic care with the exception of ophthalmology screening (Smith et. al., 2014). Additionally, glycemic control, cholesterol levels, and blood pressure improved significantly for their patients (Smith et. al. 2014). Another study of clinical services provided to underserved diabetic patients at an SRC in Nashville showed that SRCs can provide high-quality care with a statistically significant reduction in HbA1c levels after a mean of 12.5 months of care (Gorrindo et. al., 2014). SRCs have shown proficiency in addressing common primary complaints including hyperlipidemia, depression, and diabetes.

Conclusion

SRCs are increasingly common initiatives striving to target the complex healthcare concerns of marginalized populations. Students from various interprofessional programs benefit from participating in these clinics by learning to better address the needs of marginalized populations, while fostering greater social accountability. A variety of student-run interprofessional health clinics exist across Canada and the United States. Current literature suggests that these clinics can be highly effective at managing primary care patients presenting with symptoms of mental health, such as depression, or metabolic disease including diabetes.

Clinic Models

Authors: Jonathan Reid, Nicol McNiven

There are various models of student-run clinics, each with their own advantages and disadvantages. Certain models may be more appropriate for different settings, depending especially on the clinic's initial financial and institutional support. The three main models are: collaboration with existing clinics, bricks and mortar stand alone clinics, and street medicine clinics.

The content below was compiled from a series of interviews with the various active clinics in Canada and one American clinic to introduce the various types of student run clinic models.

1. Collaboration With an Existing Site

1.1 Description

Many existing clinics (eg. Community Health Centres, Primary Care Clinic) are located within high needs communities and work with disadvantaged populations providing ideal locations for SRCs. A partnership between the SRC and clinics or health centres allows them to share various resources, such as space, staff, and equipment. Currently, most Canadian SRCs use this model to some extent.

Collaborating with an existing clinic seems to be the most feasible model for new SRCs in Canada. Each SRC has a slightly different type of partnership with their host clinic, with many similarities. The terms of the relationship will depend partly on the SRC and partly on the host clinic. A successful collaborative SRC can be mutually beneficial.

1.2 Suggested Approach

1. Interview local clinics to determine mutual compatibility
2. Cultivate relationship slowly, allowing equal input from collaborating clinic (e.g. have leadership from the clinic sitting on the board of directors)
3. Consult with the clinic about what needs are currently going unmet in the community and how they can be addressed by an SRC
4. Establish a feasible, complete plan that inspires confidence
5. Show good faith to the clinic and patient population through non-clinical activities which often can start earlier than clinical activities such as:
 - a. Education workshops
 - b. If the clinical space is in high demand, consider using a different space for non-clinical activities (e.g. educational initiatives)
 - c. Consider partnering with other organizations outside the clinic for non clinical activities (e.g. schools, recreational facilities, local businesses)
6. At first, shadow or begin operations during collaborating clinic opening hours to become familiar with the process.
7. Determine optimal clinic off-hours when SRC could operate.
8. Pilot and continually review SRC with active leadership of the clinic present

1.3 Advantages of collaborating with an existing clinic

- Helpful for the initial phases of a new SRC:
 - Equipment, space and admin staff already set up
 - Experience and standard operations of the established clinic
 - Pre-existing patient population
- Collaborating clinic may provide services that SRC's patients need but are outside the SRC's scope as well as continuity of care
 - Patients seen at SRCs of this type often get their chart updated and referrals that the CHC can follow up on
 - Easier to prevent provision of redundant services by coordinating activities
- Provides space for SRC's clinical activities, much more financially feasible than acquiring a dedicated clinic space.
- Physicians and other health care professionals at the clinic may become preceptors
- Share supplies and equipment
- Clinic may have an existing training program to train student volunteers
- Clinic may provide services such as electronic medical records, financial services

1.4 Disadvantages of collaborating with an existing clinic

- The SRC is completely dependent on the clinic. There is a risk of the host clinic's needs changing to the detriment of the SRC's operations (e.g. changing hours of operation, sites, policies)
- The clinic may need to have a solidified partnership with the university that students are coming from which is out of student control
- Need a leader and constant contacts at the clinic who are supportive
 - Clinic may be very busy with their own activities
 - Clinic may not have same vision as SRC
- Clinics must coordinate schedules, available hours may be inconvenient for students or preceptors
- SRC must adhere to clinic's policies

1.5 Examples:

IMAGINE

Medical students from the University of Toronto partner with the Queen West Central Toronto Community Health Centre. By working out of their location, the IMAGINE students have access to space, equipment, a secure EMR (mandatory for liability/insurance), some pharmaceutical samples, and an administrative staff from the Community Health Centre who helps coordinate patient intake and continuity of care. IMAGINE pays for cleaning of the space after each clinic and pays the admin staff member. IMAGINE operates on Saturdays when the CHC is closed.

SWITCH

Students from the University of Saskatchewan partner with the Westside Community Clinic. Westside has deeply rooted connections with the community and established trust with clients that SWITCH works with. The Clinic provides clinical, office and outreach activity space,

supplies like gloves and needles, computer access with EMR as well as some paper charts that can be scanned in. SWITCH operates on certain weekday evenings and Saturdays.

ACCESS WOMEN'S CLINIC

Medical students from Memorial University of Newfoundland partner with Clinic 215 to provide a student-facilitated physician-mentored walk in clinic in the downtown St. John's area. Clinic 215 is a family medicine clinic that offers specialized services, such as abortions and care for LGBTQ+ patients, and is located nearby a hospital in the downtown core. Clinic 215 provides physician supervision, clinical space, disposable supplies, and access to computer/EMR in exchange for equipment (including a manually adjustable exam table, and electronic exam table, exam lights, stools, and diagnostics tools) provided by Access Women's Clinic Inc., which was purchased through sustainable community development grants. Access Women's Clinic operates on Wednesday evenings on a monthly basis, moving to twice monthly in the fall of 2016.

2. Stand Alone Clinics

2.1 Description

Though there are no examples of this model in Canada, stand-alone clinics are developed without collaboration with existing clinics and therefore do not "piggyback" upon their resources. The main barrier for stand alone clinics in Canada is the lack of resources and infrastructure for student led clinics to function independently, especially rent and equipment. By collaborating with other clinics (as discussed above), student-run clinics are able to attain self-sufficient status to support both students running the clinics and patients accessing their services. Unlike clinics in Canada, the United States has a national organization to help support these clinical models, making them much more feasible (Holmqvist et al., 2012) as well as different funding (grants, foundations, government) sources for underserved populations due to the structure of the American healthcare system.

2.2 Advantages of stand alone clinics

- Self-directed SRC that does not depend on an existing clinic
- Flexibility in clinic hours
- Independence in programming
- Sustainability not affected by partner clinic priorities

2.3 Disadvantages of stand alone clinics

- Cost to maintain a freestanding clinic
- Lack of up front administrative resources, electronic resources, and human resources
- Absence of readily available preceptors and clinical administrative staff

2.4 Examples:

None currently that we know of in Canada

3. Street Medicine

3.1 Description

A street medicine model for student-run clinics is an outreach model of care, where students go into the community to provide services for clients. Often, this model focuses on the homeless population, a high needs area, or reaches those that could not or do not otherwise attend a clinic for services. These models of student-run clinics have the flexibility of running based on availability of its members and needs of its population. In a needs assessment done by Detroit Street Medicine, it was found that those who do not use regular health care services often stated that they mistrusted the healthcare system, had a poor past experience with a health care provider, or had difficulty with transportation resources. The conclusion was that there is a stigmatization towards the health care services. This population becomes the main focus for a street medicine model.

Potential partnerships for a Street Medicine SRC model are crucial as they may already exist in the community and can provide the infrastructure, equipment and have a regular services students can enhance. Another option is bringing street medicine to access different shelters, thus providing space and clientele. There are also programs that include Street Navigators, who are social workers that already have contacts and regular meeting sites where they operate in the community. Finally, safe injection sites may be a site where the street medicine model can operate. In these settings students are used not only to run the clinic and provide services, but also fundraising for the existing services, which can be a key aspect to keeping a good working relationship with partners.

3.2 Advantages

- Flexible schedule
- High needs, untapped clientele in the healthcare system
 - Minimize those patients that get lost within the healthcare system
- Possibility for regular clientele, increasing consistency of services
 - More continuous care for patients
 - More opportunities for students to provide care
- Follow-ups with discharging often more frequent than the patient may normally receive.
- Easy to implement a multidisciplinary team, including medical students, nursing students, social work, etc.
- Possibility for co-curricular incentives/involvement

3.3 Disadvantages:

- May be difficult to access these individuals for a needs assessment; therefore, results may not reflect actual population.
- It may be difficult to find the individuals, particularly during the winter when individuals are spending more time indoors.
- There may be a question of safety for students if proper planning and training is not in place.
- Dependent on strong partnerships.

3.4 Examples

Street Medicine Detroit

This structure for student-run clinics is most often found in the United States such as Street Medicine Detroit. The Street Medicine Detroit uses a model where first and second year student volunteers go to homeless shelters, through the support of social workers, to provide healthcare services and discharge planning for their target population. The street medicine initiatives started with going out every other week and is now going every week, demonstrating the room for growth with these initiatives. With Detroit Street Medicine, student involvement is encouraged using a curricular incentive: participation during 1st and 2nd year of medicine counts for elective time allowing students to have a free block during 4th year.

The Alex Bus

In Canada, the Alex Bus has a partnership with the University of Calgary SRC. The Alex bus is a standalone physical clinic on a bus that has two rooms for patient visits, and travels to regular sites to provide services to clients, usually the homeless. Medical students are paired with a physician supervisor for one shift per week. This model uses shelters, word of mouth and consistency of sites as a means for advertising itself.

Summary Chart of Active Canadian Clinics

Authors: Harrison Lee, Charles Yin

British Columbia

Clinic Name and Location	Clinic Model	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services	Website & Contact information
CHius Clinic (Community Health Initiative for University Students) 1292 Hornby St, Vancouver, BC V6Z 1W2	Students seeing patients by appointment at an existing clinic	Students: Medical, nursing, occupational therapy, pharmacy, social work, Preceptors (each shift): Physician and nurse on staff, pharmacy and occupational therapy preceptors	Biweekly on Saturday mornings (9:00AM – 1:00PM)	Patients from inner city, marginalized populations - Take histories, perform physical exams, create personalized care plans, offer referrals - On site laboratory blood testing	Website: http://www.chius.ubc.ca/chius-clinic/chius-interdisciplinary-clinic/ Email: chius.clinic@gmail.com

Alberta

Clinic Name and Location	Clinic Model and Description of Partnerships	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services Offered	Website & Contact information
SHINE (Student Health Initiative for the Needs of Edmonton) Youth Clinic 10628 - 96 Street, Edmonton, AB T5H 2J2	Health promotion and outreach only, clinical services ceased in 2011	Students: Nursing, public health, medicine, pharmacy Preceptors: Currently only Nursing Faculty Advisor	Friday afternoons (4:00-6:00PM)	Primarily youth from the homeless, immigrant and indigenous populations - Health education programming - Partners in the operation of a support group with a focus on sobriety - Helping clients access community resources	Website: http://www.shineclinic.ca/ Email: directors@shineclinic.ca
<i>All of the following initiatives are part of the Calgary-SRC</i>					
In From the Cold Emergency Family Shelter	Walk-in model at an emergency shelter in the downtown	Students: medical Preceptors: physicians on staff	Tuesday evenings	Primarily mothers and children - Take histories, perform	Website: http://www.calgarysrc.com/

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110-11 Avenue SE Calgary, AB T2G 0X5	core (appointments are generally brought forward by the IFTC nurse or staff)			physical exams, provide patient education, provide referrals, follow up with patients as required -Health Sciences undergraduate students provide childcare while parents are in appointments - Special "Pediatrics Assessment Clinic" every second Wednesday	Email: calgarysrc@gmail.com
The Alex Bus Mobile Care 4510 Macleod Trail S, Calgary, AB T2G 0A4	Walk-in model	Students: medical Preceptors: physicians on staff	Wednesday evenings	Clients from the local homeless community - Take histories, perform physical exams, provide patient education, provide referrals	
Refugee Clinic 433 Marlborough Way NE #310, Calgary, AB T2A 5H5	Students seeing walk in patients at an existing clinic	Students: medical Preceptors: physicians on staff	Wednesday evenings	Recent immigrants to the area - Take histories, perform physical exams, provide patient education, provide referrals	

Saskatchewan

Clinic Name and Location	Clinic Model	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services	Website & Contact information
SWITCH (Student Wellness Initiative Towards Community Health) 1528 20th Street West Saskatoon, SK S7M 0Z6	Students seeing drop in patients at an existing clinic	Students: Medical, nursing, physical therapy, pharmacy, social work, nutrition, clinical psych, kinesiology, arts and science Preceptors (each shift):	Monday and Wednesday, evenings (5:00-9:00PM), Saturday afternoons (12:00-4:00PM)	Patients from inner city, marginalized populations - Traditional clinical services, counseling, speech language pathology, physical therapy, chiropractic, complementary medicine, cultural supports, gynecology, pediatrics, pharmacy,	Website: http://www.switchclinic.com Email: switchdirector@gmail.com

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		Physician or nurse practitioner, social work, 2-4 interdisciplinary mentors, receptionist, nutrition supervisor, childcare supervisor, and cultural support worker		and nutritional education - Food and childcare available at the clinic - Educational programming each shift focusing on health literacy, culture, relationship building, homework help, healthy living, legal matters, and others	
SEARCH (Student Energy in Action for Regina Community Health) 3510 5th Avenue Regina, SK S4T 0M2	Students seeing clients drop-in style (appointment based counselling available)	Students: Social work, nursing, medicine, psychology, kinesiology, education, sciences Preceptors: Physicians, nurse practitioners, nurses, social workers, physiotherapists, personal trainers, cultural support workers, dietitians, marriage and family counsellors	September - April: Saturday Afternoons (12:30-3:30PM) May - August: Monday evenings (5:30-8:30PM)	Community members in Regina lacking after-hours clinical services - Clinical assessment, treatment, patient education/counselling and referral to other clinical services - Free hot meals and child care available at the clinic - Programs on women's health and cultural support - Hosts literacy days for clients - health related presentations	Website: http://searchhealthclinic.com/ Email: reginastudentclinic@gmail.com

Manitoba

Clinic Name and Location	Clinic Model	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services	Website & Contact information
WISH (Winnipeg Interprofessional Student-Run Health Clinic) 886 Main Street Winnipeg, MB R2W 5L4	Students see clients on a drop in basis at an existing clinic within the community	Students: Medicine, Nursing, Pharmacy, Occupational Therapy, Physical therapy, Nutrition, dental hygiene. Undergrad and graduate	Saturday (1:30-4:30PM) Clients seen: 5-6	- Open Sunday afternoons. - majority of patrons identify as First Nations. - majority low socioeconomic status and live within the Point Douglas area in Winnipeg. - Clinic offers a gathering place, use of computers and phone,	Website: https://wishclinic.ca/ Email: wishclinic.cochairs@gmail.com

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		students from various faculties. Mentors from: medicine, nursing, pharmacy, O.T and P.T.		access harm reduction supplies, food (snack of fruits and vegetables), and games like bingo. - In the fall run three influenza immunization clinics One on site and two at other community places.	
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Ontario

Clinic Name and Location	Clinic Model	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services	Website & Contact information
IMAGINE (Interprofessional Medical and Allied Groups for Improving Neighbourhood Environment) 168 Bathurst St, Toronto, ON M5V 2R4	Students seeing drop-in patients at an existing clinic space	Students: Medicine, pharmacy, dentistry, nursing, occupational therapy, physical therapy, social work, speech-language pathology, health administration Preceptors: Preceptors from medicine, nursing, pharmacy, physiotherapy and social work,, receptionist on staff	Saturday morning and afternoon (10:00AM - 2:00PM)	Homeless and low socioeconomic status patients in the downtown Toronto area - Take histories, perform physical exams, provide referrals - Pharmacy, physiotherapy and social work support available - Regular community events, including bi-weekly games nights, holiday dinners and clothing drives - Health promotion lecture series (some past examples include: dental health, first aid, bed bugs) - On-going advocacy projects to promote awareness, discussion and action on issues affecting clinic's patient population	Website: http://imagine.uof.tmeds.com/ Email: imagine.clinic@gmail.com
Compass North Student Led Health Outreach 29 Royston Ct, Thunder Bay, ON P7A 4Y7	Clinic not yet operational, currently focusing on health promotion activities	Students: Medicine, nursing, social work, kinesiology Preceptors: Psychiatry, occupational	Not yet known	Aboriginal, marginalized and underserved populations from the Thunder Bay area - Currently in the process of determining what medical services can be offered - Workshops focusing on	Website: https://www.facebook.com/compassnorthclinic/ Email: compassnorthclinic@gmail.com

		therapy, kinesiology, physiotherapy, social work, dentistry, family medicine, psychology		health promotion, including mindfulness, meditation and anger management - Workshops on navigating the healthcare system	
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Nova Scotia

Clinic Name and Location	Clinic Model	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services	Website & Contact information
HOPES (Halifax Outreach Prevention Education and Support) No address listed, clinic not yet operational	Clinic not yet operational; currently conducting an environmental scan to determine location and model of care to best suit the needs of target clientele.	Students: Medicine, nursing, pharmacy, dentistry, , paramedicine, occupational therapy, social work, health administration, dietetics Preceptors: Preceptors from each of the professions listed above	Planned for four hours each week on Sundays	Patients accessing an existing foot care clinic at the church - Currently in the process of determining what medical services can be offered - Existing health promotion activities through presentations including demonstrations on diabetes, dental cavities and inhaler use for COPD patients - Future health literacy services may include providing patients help with medical forms, reviewing pamphlets and other information provided by care providers and helping patients navigate the healthcare system	Website: No website currently available Email: TBD

Newfoundland

Clinic Name and Location	Clinic Model	Health Care Students and Preceptors	Clinic Schedule (number of patients seen)	Clientele and Services	Website & Contact information
MUN Gateway	Students seeing	Students: Medicine	Six medical students	Refugee population in the St. John's area	Website: http://www.med.m

Sustaining and Developing Student Run Clinics: A Toolkit 2016

Health Sciences Centre, Room 2840 Memorial University of Newfoundland 230 Elizabeth Ave, St. John's, NL A1B 3V6	scheduled patients on site at clinics located in the Faculty of Medicine	Preceptors: Faculty from Memorial's Faculty of Medicine	seeing patients weekly on Tuesday afternoons	<ul style="list-style-type: none"> - Take histories, perform physical exams, do vision and hearing screening - Work with translators and interpreters to collect patient medical information - Matches refugees with family physicians and provides support in arranging transportation, translation services and making appointments 	un.ca/munmedgateway/Home.aspx Email: janis.campbell@med.mun.ca kate.duff@med.mun.ca
Access Women's Clinic 215 LeMarchant Rd, St. John's NL	Student volunteers see patients on a walk-in basis	Students: Medicine, social work Preceptors: Medicine	Planned for one evening every other week	<ul style="list-style-type: none"> - Aims to serve women of the St. John's area who feel that their needs are not being met by traditional health care services - We use an inclusive definition of "woman" and "female" and welcome trans* women, gender queer women, and intersex, non-binary or trans* people who identify as female in a way that is significant to them - Offer primary care services - Community engagement events - Social justice training on a variety of topics for clinic volunteers 	Website: No website currently available Email: accesswomensclinic@mun.ca

*This summary may not be exhaustive and may not include all clinics that are still in the pre-operational stages

Common Challenges and How to Approach Them

Authors: Jonathan Reid, Reed Gillanders

1. Introduction

All clinics and charities experience many common challenges associated with opening and operating. These challenges will include human resources issues (hiring, firing, staffing, conflict resolution, evaluations), public relations and marketing issues (volunteer recruitment, branding, media relations, promotional material development), development and maintenance of governance structure and organizational procedures, development of organizational documentation (policies, constitution), management of personal health information and adherence to the Health Information Protection Act, adherence to the conditions of the non-profit and charity acts, financial planning and other financial duties (budgets, audits, payroll), capacity building and business planning (strategic planning, evaluation, reporting), and many others. Many of these important parts of running an SRC are outlined in the *SWITCH How to Run a Student-Run Clinic Handout* in the appendix.

The purpose of this section is to outline some of the unique challenges faced by SRCs that are typically not seen in other organizations. These challenges arise because not all charities provide clinical services and not all clinics operate as a non-profit or charitable organization. Additionally, unique conflicts of interest arise when trying to balance the interests of the health region, partnering educational institution, host clinic, and other stakeholders. Furthermore, in the mission of most SRC's there is an inherent conflict between their two major goals: the provision of high-quality services to underserved populations and the enrichment of the education of future health professionals. Finally, existence within a publicly funded, universal health care system means that Canadian SRCs face the challenge of needing to provide a services that go above and beyond those provided by the public system. Canadian SRCs must prove that they provide a service not provided by the public system to justify their existence and garner support from the community and stakeholders other than their university partner. A few common problems for SRC's that arise as a result of these conflicts are described in this section as well as strategies that existing Canadian SRCs have implemented to address them.

Establishing and operating a Student Run Clinic is a rewarding but challenging endeavour. One of the most valuable resources available to SRCs is the past experience of other SRCs, especially in Canada where most SRCs are relatively new with few precedents and many clinics are learning and innovating as they go. This chapter discusses issues that established SRCs have identified as particularly challenging to navigate.

Many of these issues presented here are worth thinking about as early as possible in the process of establishing and operating an SRC. Being proactive and making early preparations to address these issues will help minimize setbacks, delays, and discouragement.

2. Insurance

Insurance coverage is an important precursor to any student activity and must be set up prior to opening the SRC. Students must have at minimum two different types of coverage: general liability (protection against claims for bodily injury and property damage arising from the premises, and operations) and malpractice liability (protection against claims for injury or disability arising from clinical operations).

2.1 Approaches to insurance:

Shadowing

SRCs such as the Calgary SRC have adopted a strategy where students sign-up for physician shadowing prior to participating in an SRC clinical experience, which allows them to treat this experience as any other clinical experience. At Memorial University, volunteers are insured under the “service learning” umbrella of coverage offered by the university. Shadowing extends general and malpractice insurance equivalent to non SRC clinical work. CHIUS at the University of British Columbia formerly used the shadowing approach for extending coverage but have modified it to become part of an online Interprofessional Passport Stamp program within the IPE curriculum that includes insurance coverage for students. Through this program the University's Health Science Provost can track student participation in endorsed activities including participation in the SRC.

Course Code

At SWITCH and SEARCH students enroll annually in a zero credit course, ie. SWITCH 400, that endorses participation in the SRC as an academic activity and therefore extends general and malpractice liability to the SRC. To be enrolled in SWITCH 400 students submit a letter developed by their partners to the College of Medicine registrar. All colleges from the university can enroll in SWITCH 400. Coverage is defined by the scope of practice for each student. The scope of practice of each college and each year is written by each college from which students volunteer. Students from U of R are covered under a similar course called EHE 001 in order to cover them for liability insurance, and other students that SEARCH works with are covered under their own liability insurance from their respective academic programs.

Curricular Integration

Optional clinical experience at the SRC can be integrated directly into the curriculum extending general and malpractice liability to students volunteering at the host clinic as takes place at the Compass North SRC.

Placement, Practicum, or Project

Student volunteerism at the SRC can be endorsed as part of a curricular placement, practicum, or project. Usually these activities are administered by a specific college and can be seen in combination with other models for liability coverage. For the IMAGINE Clinic in Toronto students apply to participate in the SRC as a practicum and receive IPE credits for their experience.

Negotiations with Risk Management

Coverage can be negotiated directly with risk management through the university partner. SHINE is the only SRC that follows this model but readers should note that SHINE does not currently offer clinical services or handle patient data and therefore is a low-risk initiative. Further liability will need to be acquired before SHINE starts offering clinical services.

2.2 Issues to Consider:

Host-Clinic Liability

General liability can be provided for students by the host clinic. SWITCH's host clinic has general liability that covers everyone that enters their clinic including the students and patients that attend SWITCH after-hours.

Student Club Certification

Calgary SRC is certified as a student-club with their student union which provides coverage for general liability only. Malpractice liability is provided by applying as a shadowing activity.

Compass North

Compass North is currently in the process of negotiating with the university to determine the best approach for liability coverage. Options that have been considered are registration as an observership, elective, short term placement, integration into the curriculum, and creation of a course code.

Volunteer and Clinical Orientations

Orientations for new volunteers and volunteers wanting to participate on the clinical team should cover risk management topics. These topics should be defined through collaboration with the University and/or risk management division providing the liability.

2.3 Discussion:

At the root of each model for liability coverage the SRC student experience is endorsed as an academic activity by the university which extends the same liability that students receive when participating in cocurricular clinical activity to their clinical volunteerism at the SRC. SRCs will need to negotiate the scope of practice that defines the extent of coverage for the volunteers from each college that has students participating in the SRC. Having a strong general and malpractice liability model established is of utmost importance. Uncertainty regarding liability is attributed as one of the reasons for the hiatus of service for CHIUS and SHINE. Unfortunately, detailed specific information regarding the hiatus was lost due to turnover of staff. Although a tedious process, developing a strong liability model with risk management and all key partners prior to opening the clinic is important to avoid conflict with governing bodies in the long term.

3. Needs Assessment

A student-run clinic should address the needs of the community and its participants. They should not compete with other local clinics or offer redundant services. A Needs Assessment is a study that aims to discern the needs of the community that the SRC will serve. It is often conducted early in the development of an SRC.

3.1 Approaches:

Literature Review

Underserved populations may suffer from “survey fatigue”; i.e. they are overwhelmed by frequent requests to participate in research. In this case, it may be advisable to start with a review of the existing literature concerning the population the clinic will serve, such as the reviews conducted by SWITCH and Calgary SRC. A literature review can also help to strategically direct further investigation if it is needed.

Surveys

The stakeholders in an SRC include the patients and the community it serves, as well as donors, staff, preceptors, and the student volunteers involved. An SRC must consider the needs of all stakeholders. Design surveys and distribute them to educators, people in the community, people involved in existing clinics, and other stakeholders. CHIUS had success with simply consulting existing clinics in the community, which may be particularly helpful since such organizations often already have a sense of the needs of various other stakeholders.

Research Projects

Students from graduate (e.g. Harvard CCC’s needs assessment conducted by School of Public Health), undergraduate, or professional programs (e.g. SWITCH’s needs assessment conducted by medical students) may be able to conduct a needs assessment as part of the curriculum or as an extracurricular research project. An SRC’s Research Committee can also be responsible for this project (e.g. COMPASS North).

3.2 Issues to Consider:

Clinic Location

Consider the location of the clinic, the population that it serves and what the target population is. Factors such as age distribution, gender distribution, ethnic distribution, and socioeconomic status of the target population and desired clinic location should align. Also research what health conditions are prevalent in the community such as diabetes, obesity, addiction and mental illness as this will help determine and tailor the services that the SRC will provide. Another important factor to consider is how patients will access the clinic; barriers to access include whether the location is convenient to access by bus or by foot (SWITCH/SEARCH/Compass North/Access Women’s Clinic provide bus tickets), language differences (ECHO in New York, NY offers translation services), the presence or absence of elevators, hours of the clinic and whether childcare is offered for parents. Access Women’s Clinic is wheelchair accessible, with a power-automated exam table, which enables women with impaired mobility to better access care.

Based on the needs identified, consider what types of providers and what types of students the SRC needs to recruit (e.g. Nursing, Physical Therapy, Social Work). Currently all SRCs in Canada are interprofessional, but the specific professional programs involved differ based on what programs exist in the community and what services the SRC provides. Also consider how the SRC can meet the needs of the students and preceptors that work there; for example, does it provide a valuable learning experience for students?

3.3 Discussion:

The needs assessment compiles information that will be helpful in recruiting supporters and volunteers, deciding on clinics to partner with, and directing the formation of an SRC. The needs assessment is especially important in Canada. Since many health services are already covered by provincial health systems, an SRC must have a strategy to add to, and not compete with, services that are already available. Beyond the approaches mentioned here, consider contacting other SRCs for advice on conducting a needs assessment.

4. Funding

Student run-clinics can receive funding from several different sources because they have many different stakeholders. Generally the closest partners are the most significant funders but this is not always the case and can fluctuate greatly from year to year. Budgets can range from a couple thousand to a few hundred thousand depending on the quantity and scope of the services provided, the proportion of the budget that is covered by in-kind donations, and the number of organizations providing funding. Outlined below in no particular order are common sources of funding for SRC's, both financially and in-kind.

4.1 Approaches to funding:

Partnering Educational Institution

Funding from the partnering educational institution can come through individual colleges, the university provost, or the provost of health sciences. In-kind contributions from the partnering educational institution can include general and malpractice insurance, advice, and resources for capacity building. Drawbacks associated with receiving funding through each of the models listed above are as follows:

- Provost: not all colleges belonging to the provost are involved with clinic. At the beginning, SWITCH received funding through the provost but eventually this funding was withdrawn because colleges including Agriculture and Engineering contributed to the provost but were not involved with the SRC.
- Health Science Provost: might not include all of the colleges involved (Arts and Science).
- Individual colleges: it takes a significant amount of work to establish contracts with each college. This can take administrative capacity away from other SRC issues.

Grant funding

Registered charity status is necessary to apply for most grant funding. A benefit of applying for grant funding is that large amounts of funding can be collected to promote programming. Drawbacks of grant funding are the administrative efforts involved including program evaluation, reporting, and grant writing required. Examples of grant funding sources for SWITCH include the City of Saskatoon, United Way Saskatoon and Area, Community Initiatives Fund, Saskatoon Community Foundation, Dakota Dunes Foundation, the Royal University Hospital Foundation, Saskatoon Health Region, and Potash Corp. Access Women's Clinic also received a grant from the Shopper's Tree of Life Foundation for Newfoundland. Many similar organizations to those listed above will exist in the cities that SRCs reside.

Government

Funding from the government can be provided through billing (see below) or through contracts with the Ministry of Health (Primary Health).

Medical Association

IMAGINE received funding through their provincial medical association as a one time grant. Access Women's Clinic was provided with a one-time start-up donation for clinical stabilization from their provincial medical association. Often provincial medical associations are more willing to provide support for events and fundraisers than core funding.

Community Fundraising

Fundraising is an important part of revenue generation and marketing for SRCs. Additionally, funders often look to an SRCs fundraising abilities as an indicator of the capacity of the SRCs management team and the extent to which they impact their stakeholders. A successful example of SRC fundraising is the Rich Man Poor Man event for Calgary's SRC which provides the majority of their revenues. SWITCH used to host a golf tournament that generated a significant amount of revenues; however, the administrative efforts associated with hosting the event were too great to justify continuing the event once the event champion moved on from the SRC.

Individual Donations

Individual donors can contribute to an SRC in person or through an online tool. SWITCH uses an online organization, CanadaHelps.org, to facilitate online donations. Mentors that are offered monetary honoraria for supervising students are encouraged to donate back to their SRC.

Student Union

Compass North is looking to initiate a referendum through their student union to allot a portion of student tuition to be dedicated to their SRC. In 2014 after SWITCH was forced to reduce shifts from 3 to 2 per week there was support from the University of Saskatchewan Student Union council to have a referendum to allot a portion of tuition fees to support community based student-run initiatives, but the idea lost momentum with student union turnover and a referendum was not conducted. IMAGINE also receives funding from the Faculty of Pharmacy at U of T as well as U of T MedSoc.

Corporate

Corporate sponsorships are sought by contacting the community development departments of local businesses. Often corporations are more willing to support events and fundraisers than provide core funding.

4.2 Issues to Consider:

Start-up costs

SRCs often generate an initial lump sum of 3-4 years operating expenses prior to opening. Some SRCs are required to purchase supplies and rent space from the host clinic prior to opening. SRCs should consider creating an operational reserve policy within the first few years of opening.

Non-Profit and Charity Status

SRCs should familiarize themselves with the rules and regulations of the Non-Profit and Charity Acts. Benefits of registration as a charity include the ability to apply for grants and issue

tax receipts for donations. Drawbacks include strict oversight of financial operations and may require an annual audit.

Financial Relationship with the Host Organization

There are a variety of types of host organizations:

- Clinic: Most SRCs. Often times the clinic is a Community Health Centre. For many SRCs their host clinic is their strongest partner.
- Church: HOPES.
- Library and Youth Centre: SHINE.
- “Inn from the Cold”, Alex Bus, Refugee Clinic: Calgary SRC

For those SRCs that reside within a clinic the host is an important in-kind contributor. CHIUS's host clinic supplies all of their health care practitioners. Other in-kind contributions of host clinics include supplies, space, cleaning, advocacy, insurance, advice, referrals, and a strong relationship with the community. Location should be determined by need, not by convenience.

4.3 Discussion:

SRCs have many different stakeholders so many different sources of funding can be accessed. Usually the closest partner is the most significant contributor. It is important for SRCs to not become reliant on unsustainable sources of revenue, specifically grant funding. SRCs that use a large portion of grant funding need to adapt programming frequently to meet priority objectives of granting institutions which leads to an inconsistent service for clients.

A major reason that SWITCH reduced services from 3 to 2 shifts per week in November 2014 was because of an inability to maintain adequate grant funding. As SWITCH matured grant funding became more difficult to acquire because many grants are intended to fund new initiatives and thus have limits on the number of times that a grant can be renewed. After financial restructuring with increased reliance on sustainable sources of funding from their major partners SWITCH was able to return to service 3 days per week in April 2016.

Some important points to take into consideration when determining a revenue model:

- It is important to diversify funding sources to be adaptable to changing social and political environments and to meet fluctuating local needs.
- It is important to diversify revenue sources so that the SRC can protect the quality of the services they provide to the community from the interests of different stakeholders whose priorities may conflict with those of the SRC.
 - Service provision vs. student education.
- It is important to work with stakeholders to recognize and address conflicting interests.
- It is important to have multi-year contracts in writing.
 - Administrative turnover within partnering organization can mean that the SRCs champions won't always be there and the relationship between the SRC and the partner can get lost in turnover.

5. Billing

The discussion of whether or not to bill is, on a broader scale, a discussion of how, if at all, an SRC receives funding from the government and provides financial incentives to its mentors. Each province has their own regulations on billings, in addition funding contracts between SRCs and health ministries or regions may dictate the methods in which preceptors can be remunerated for their time.

5.1 Approaches:

Mentors Bill

At some clinics mentors bill the ministry for the patients that they see. This provides financial incentive for physicians to participate as a mentor at the SRC. Provincial regulations and agreements will dictate if this is a possibility for your clinic.

Clinic Bills

At other clinics the SRC bills the Ministry of Health as a source of revenue. In this case, if the SRC chooses to offer financial incentive for mentors it must be from their own revenues (physicians and SRCs can't double bill for the same patients).

Honorariums

An honorarium can be offered to mentors as incentive to supervise clinical students. SRCs typically encourage mentors to donate their honorarium back or forgo remuneration. If the SRC is a registered charity the mentor can receive a tax receipt for choosing to donate the honorarium; however, acceptance of the honorarium can affect their level of taxation. Access Women's Clinic at Memorial allows mentors to bill and in addition, they are offered a teaching stipend from the university for their time spent teaching volunteers at each clinic, and for the time needed to oversee clinic operations outside of billable clinic time. SWITCH offers their MD mentors an honorarium of \$400/4hr shift and other clinical mentors \$100/4hr shift and receives 1/3-1/2 of honorarium expenditures as revenues through forgone payments or return donations.

Ministry of Health Contract

Some SRCs establish funding contracts with their health region instead of billing for patients. These contracts outline the limitations imposed upon the SRC by the health region and the assistance that the health region is willing to provide to the SRC. SWITCH receives funding from the Ministry of Health through Saskatoon Health Region - Primary Health.

None of the Above

CHIUS chooses to not to bill for patients or offer honorariums to their mentors, and does not have a formalized funding contract established with their health region.

5.2 Issues to Consider:

Shadow Billing

Neither SWITCH nor its mentors can bill for patients seen at the clinic as described within the funding contract that they have signed with the Saskatoon Health Region. Part of this agreement states that SWITCH must submit a copy of the billing information for the patients they see to the Saskatoon Health Region on an annual basis. This allows the health region to document the patients seen at the clinic.

5.3 Discussion:

Billing for interdisciplinary care can be exceptionally complex depending on the SRCs clinical model and the billing structure established by the health region. Sometimes it can be difficult to determine what counts as a consult or a visit. Complexities associated with needing to

consider interprofessional billing may limit the ability of the SRC to implement an efficient and effective interprofessional clinical model. Another consideration is that in theory the billing and fee-for-service models can compromise care by expediting clinical processes - time is money. The effects of rushing clinical care on quality of care are exacerbated further because junior learners need more time for cases, marginalized populations have complex health care needs, and interprofessional integration of care takes more time. However, billing can reduce costs associated with mentor remuneration and facilitate mentor recruitment. SRCs should take time to discuss solutions to these conflicts with their health region, university, and host prior to opening.

6. Relationship with University Faculty

An SRC often works to build an official relationship with its participants' educational institutions (such as a university). This step may help to secure preceptors, funding, insurance, and curricular credit for student participation.

6.1 Approaches:

Faculty "Champion"

An SRC may begin by identifying a faculty member who is enthusiastic about the project, and involve that person in promoting the project to other faculty members (e.g. Harvard CCC). Since it is a large time commitment, an ideal "Champion" must be very passionate about the SRC.

Important Approvals

In cultivating a relationship with an educational institution, it is important to identify those faculty members from whom approval and support is absolutely required for the establishment of the SRC. Once they do offer support, confirm and obtain it formally in writing.

Committee Involvement

Having representatives from university faculty on an SRC's committees (as is the case for SWITCH, Calgary SRC, SHINE) can help facilitate continuous communication between both parties. Faculty representatives may also have valuable expertise and input on a clinic's operations.

Network of Faculty Supporters

Developing a network of faculty supporters helps to ensure continuity of support when there is turnover of faculty members. Also, it is very important to be in communication with faculty representatives from all the professional programs that contribute to the SRC.

Remuneration

Certain aspects of SRC operation may be most efficiently managed by employees of the educational institution, for example, CHIU receives administrative help from a provost office representative. This work can be remunerated if the SRC budget allows for a stipend for such work.

Curriculum Opportunities

An SRC is an excellent way to incorporate service learning and interprofessional education into a curriculum.

6.2 Issues to Consider:

Faculty Concerns

Before approaching faculty, it helps to anticipate concerns they may have, and decide how to answer them. For example, if they have concerns about the quality of care, reassure them that all patients will be seen by faculty supervisors. Despite efforts at reassurance, some faculty members may remain firmly unsupportive of the SRC. It is likely more effective to redirect efforts towards faculty members who seem like they may potentially become supporters.

6.3 Discussion:

In discussions with faculty, be open to their concerns and suggestions. Their viewpoints may help with the startup and operation of the SRC. At the same time, focus less on discussions with faculty who are categorically unsupportive, and work on finding those that are optimistic or enthusiastic. Above all, to optimize the likelihood of faculty support, establish a feasible plan that inspires confidence in faculty leaders. Some SRCs (Calgary) have faculty support but are otherwise independent.

7. Student Recruitment

The unique feature of Student-Run Clinics is that students have a central role in their establishment and operations. Establishing and running a clinic takes a lot of work, and many students from many different programs may be involved. The students who work for the SRC have a huge role in its mission, image, and successes. Students also stand to gain substantial benefits from SRC activities. Properly communicating these benefits plays a huge role in recruiting student volunteers.

7.1 Approaches:

Partnership with Student Groups

Partnering with groups such as student unions (e.g. SWITCH) often grants access to many resources for promoting the SRC and reaching interested students.

Presentations

Holding a presentation on campus is a good way to introduce many students to the concept of a student-run clinic, address questions, and recruit volunteers. Some educational institutions may allow presentations before a class lecture (a method used by SWITCH), others may also permit booking auditoriums for presentations at certain times outside of class. Be sure to promote the event widely and in advance.

Events

Many educational institutions have events where organizations set up informational booths (e.g. SWITCH, Access Women's Clinic) and students are invited to interact with them. Promoting at these events allows one-on-one conversation with potentially interested students. Students may sign up for email reminders about the SRC's activities.

Social Media

An SRC may also recruit through social media such as Facebook, Twitter, and Instagram (e.g. SWITCH).

Early Recruitment

Anticipate student turnover and be proactive about replacing departing volunteers. Recruit early (four or more months before official transition) to leave time for training; this allows incoming recruits to shadow current members (this is the strategy used by Harvard CCC). Keep recruitment in mind throughout the year.

Curricular Credit

In some SRCs, students earn curricular credit for their work (e.g. SEARCH). Negotiating this arrangement with the SRC's educational partner provides yet another benefit that may interest potential recruits. At Access Women's Clinic, participation in the clinic will appear on the student's Dean's letter as a service learning activity.

7.2 Issues to Consider:

Benefits of Volunteering at a Student-Run Clinic:

Experiential learning – clinical skills, interprofessional care, clinic operation
Course Credit or Volunteer Credit
Entry in Curriculum Vitae
Research opportunities
Relationship with the community
Access to network of SRC alumni

7.3 Discussion:

There are a wide variety of roles involved in the establishment and operation of an SRC such as leaders, committee members and clinical volunteers, so recruit students that can perform these roles, and remind recruits that there is room for a wide variety of interests and abilities. Remember to use approaches that target students from each of the different programs the SRC plans to recruit from. Remind students of how they can benefit from volunteering at a student-run clinic. Since an SRC is a large commitment, be sure to recruit volunteers who are reliable, dedicated and enthusiastic about the cause. Be clear at the outset about what is expected from volunteers.

8. Preceptor Recruitment

To provide clinical services, SRCs need professionals to act as preceptors, supervising students and participating in care to ensure its quality. Preceptors may be difficult to recruit because professionals are often quite busy and preceptorship requires a significant time commitment, often with less pay than their typical working hours. The number of preceptors and the amount of time they allot to the SRC determines the volume of student opportunities to provide care.

8.1 Approaches:

Faculty:

Many SRCs find preceptors among faculty at their educational institution (e.g. SWITCH, Harvard CCC). They may be the SRC's "faculty champion", or faculty who align with the SRC's mission. Consider broaching the subject when a conversation with a faculty member reveals they may be interested in such an opportunity.

Collaborating clinic:

Professionals working at an SRC's collaborating clinic may agree to become preceptors for the SRC (e.g. SWITCH, CHIUS). There are many benefits to having preceptors that work with a collaborating clinic as they are familiar with the patients who use the clinic, they may be their family doctor, and may provide greater access to patient charts.

Events:

Many educational institutions have events where organizations set up informational booths (e.g. Calgary SRC) and professionals are invited to interact with them. Promoting at these events allows one-on-one conversation with potentially interested faculty. Email faculty members first, requesting that they visit the SRC booth.

Newsletter:

Preceptorships may be advertised in the newsletters of professional organizations (e.g. SWITCH).

Word of Mouth:

Ask current preceptors to speak to their colleagues about joining the SRC as a preceptor (e.g. SWITCH). This is one of the most effective methods of recruitment.

Remuneration:

Some preceptors at SRCs are volunteer-only (e.g. Calgary SRC), but they may also be paid. Sometimes they are paid a small honorarium that can be donated back to the SRC (e.g. Compass NORTH)

Former Student Volunteers:

After an SRC has operated for several years, former volunteers at the clinic who have graduated and become professionals may return to become preceptors (e.g. SWITCH). This is one benefit of maintaining a relationship with an SRC's alumni.

Residents:

In some cases, it is possible to have residents as preceptors, and it may even count as part of their rotations (e.g. SWITCH). The Gateway program at Memorial recruited an interested resident, who then became preceptor upon graduation.

8.2 Issues to Consider:

Flexibility:

Since professionals have busy schedules, they may appreciate an individual orientation meeting that is scheduled according to their preferences, at a location of their choosing. In general, professionals are dealing with many high-priority tasks, thus committing to an SRC is more feasible for them if the arrangement is flexible.

8.3 Discussion:

An SRC has several resources at its disposal for preceptor recruitment, such as staff from the collaborating clinics and faculty members from the various disciplines that make up the SRC. Many preceptors are passionate about the SRC's values and enjoy the opportunity to teach students and address community needs. They may benefit from a sense of "making a difference", of giving back to the community and educational system. When recruiting preceptors, keep in mind their realities and needs, and make preceptorships accommodating for these professionals who are providing a crucial service for the SRC's operation.

9. Conclusion

Above are a few of the standout issues that Student-Run Clinics have to navigate when opening and operating. This document provides some things to keep in mind but the descriptions are by no means comprehensive, so take time discussing these issues with the SRC's team and how the SRC plans to approach them, and also remember to contact other SRCs for more details about how they've been successful. SRCs have taken many different approaches, and different approaches work best for different situations. Keeping the SRC's specific situation in mind helps in making decisions about which approach to use.

Non-Clinical Activities

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Non-clinical activities encompass an important part of the student-run clinics. The use of education sessions, wellness activities, and outreach events enhance the engagement of students with their community. Students involved in delivering health care education within the community have the opportunity to increase personal awareness about disciplines dedicated to health care and social services while facilitating collaboration between the community and students. The benefits of these programs also include initiatives that expand the reach of the clinic to underserved communities.

Health Promotion, Education & Outreach

Health Education Sessions

- Sessions for target populations (HIV patients, street workers, youth, women etc)
- Mental Health workshops
- Diabetes workshops
- Healthy eating workshops

Wellness Activities

- Crafts
- Games nights
- Mindfulness
- Exercise

Youth Outreach

- Mentorship
- Social events
- Healthy living promotion

Others

- Literacy Days
- Women's Health Night
- Cooking Programs
- Community Dinners
- Indigenous Cultural Support
- Community Clean-up

Other Services

Food

- Snacks provided at educational sessions
- Food and coffee for patients and preceptors
- Hot meal on every shift
- Health Snack Bags and Lunches
- Food Store

Child Care

- Provide childcare for clients at the clinic

Personal health products

- Women's health theme night
- Fundraising to purchase car seats, vitamin D, oral health supplies, personal health items to donate to refugee participants

Potential Sites

For clinical and non-clinical activities:

- Community Health Centre (SEARCH, IMAGINE, CHIUS)
- Shelters (Compass North, Calgary-SRC, IMAGINE)
- Community Clinic (SWITCH, Access Women's Clinic)
- Aboriginal Health Centre (Compass North)
- Church (HOPES)
- Drop in Activity Centre (IMAGINE)
- Library (SHINE)
- Mobile Health Bus (Calgary-SRC)
- Pharmacies (Access Women's Clinic)
- Refugee Clinic (Calgary-SRC)
- Women's Health Centre (Access Women's Clinic)
- Youth Centre (SHINE)
- Societies representing various marginalized populations: HIV, Women's Health, Aboriginal Health, Refugee Health, Associations for New Canadians, and other Non-Profit Organizations

Advocacy

Advocacy committees can be built into clinic model that organizes events such as Community Health Seminar Series and Online Blog about topics pertaining to issues affecting marginalized populations, and participation in advocacy events (ex. Homeless Connect).

Research

Several internal research projects and program evaluations can be run. Students recruited through the medical school program (community health research course) or other programs (e.g. physiotherapy) complete research projects at the clinic. Many clinics collect anonymous data from interviews with volunteers for research or evaluation purposes.

Most clinics do some form of internal program evaluations. A pre- and post-participation survey for volunteers is common. Patient interviews can be done to obtain qualitative data about their experience and their valuation of the services provided.

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Appendix 1: Checklist



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How to Start a Student-Managed Health Initiative 101

1. **Getting Started**

- Finding Students, Faculty and Others Who Believe In Your Project
- Develop a Vision, Mandate, Objectives and Goals
- Develop Bylaws
- Develop and Implement Surveys, Needs Assessment, Logic Model – What Is Your Reason for Existence; Who Do You Want to Serve?
- Write a Short Business Proposal & Develop A Preliminary Budget
- Assessing Your Own Circumstances – Range of Services; Who Is Your Personnel; Who Are Your Clients & Partners; What Is Your Location; Who Can Be Your Host
- Networking – Everyone Can Be a Friend

2. **Operational Issues - Clinical**

- What Functions Do Students Serve – Social Team; Clinical Team, Psychosocial Floater; Counselor; Shift Supervisor; Medical & Pediatric Resident, Food Prep; Childcare; Program Development & Facilitator
- Interprofessional Staffing – Clinical, Program, Cultural
 - Physician, nurse, receptionist, cultural support worker(s), mentors, program coordinator, food prep/shopping, Kaptain Kid, shift supervisor.
- Scheduling Personnel – Manual or Computer? Emergency Staff List; Student Categories
- Liability, Directors & Officers, & Malpractice Insurance – How Are Students, Professionals & Staff Covered & By Whom?
- Shift Structure – Introductions, Client Care, Debrief Period, Interprofessional Team Building, Continuing Educational Opportunities, Case Management Discussions
- Scopes of Practice/Skills Inventories for Each Student Discipline and Level
- Develop Orientation Session(s) & Presenters – Agenda Issues To Include?
- Programming – Developing Your Own &/or Partnering With Others

- Policies – Charting; Code of Ethics; Reproductive Rights; Red Flag Situations; Dispute Resolution; Drop-In Children; Childcare Reporting
- Providing Social Services – Food; Phone; Condoms; Needle Exchange; Newspaper; Chess; Puzzles; Clothes Depot; Computer Access; Advocacy; Client Assistance – Letters, Forms, Applications, Employment; Transportation for Clients

3. *Operational Issues – Administrative*

- Staffing – Coordinator; Program Director; Educational Liaison; Fundraising; Volunteer Coordinator; Accountant/Bookkeeper; Lawyer; Webmaster; Schedulers – Students, Professionals
- Staff Issues – Hiring; Contracts; Payroll; Staff Meetings; Dispute Resolution
- Finances – Budgeting; Banking; Bookkeeping; & Financial Review vs. Audit
- Research & Evaluation – Data Collection, Compilation & Evaluation Reporting
- Record Keeping – Meeting Minutes; Student, Professional, Client & Program Participant Numbers; Calendar of Events; Personnel Files – Students, Professionals, Staff; Funding & Grant Agreements & Reports; Service Agreements; Banking & Financial Information; Receipts; Tax Receipts; Correspondence
- Community Development & Knowledge Transfer – Networking; Partnering; Presentations; Conferences; Publications
- Contact Lists – Networking – CBO's, Partners, Job Postings, Potential Funders; Media, Organization Newsletter; Students; Professionals; Faculty; Committee Members; Interested Parties

4. *Funding & Sustainability*

- Identify Potential Funders – Government – Federal, Provincial & Municipal; University & Individual Colleges; Community; Foundations, Corporations & Individuals. Potential for Multi-Year Funding?
- If Applicable, Develop Funding Policy
- Develop Strategy for Contacting and Presenting to Potential Funders
- Do You Remain Unincorporated; Incorporated Non-Profit and/or Registered Charity? Tax Receipt Disbursement?
- Develop Long-Term Strategy for Funding
- Sustaining Student Interest & Involvement – Have Fun; Constant Recruitment; Integrate Your Project Into Curricula; Practica
- Sustaining Professional Interest & Involvement – Constant Recruitment; Remuneration; Have Fun; They Love Teaching
- Maintaining Effective Service Delivery – Don't Spread Yourself Too Thin
- Maintaining Relationships – Partners, Clients & Others
- Tracking System for Funding (Application and Reporting Deadlines, regular board review of Budget-to-Actual)

5. *Marketing & Public Relations*

- Logos & Branding
- Website Development & Maintenance; Scheduling Software
- Printing – Brochure; Recruitment Cards; Posters; Business Cards

- Media – Contact List; Media Releases; Interviews; Photos
- Presentations – Student Recruitment; Professional Recruitment; Potential Funders; General Use
- Promotional Items - T-shirts, Magnets, Coffee Mugs, Lanyards
- Community Events – Community Dinner or BBQ; Community Cleanups
- Fundraising Events – Golf Tournament; Dinners; Dances; Bowling Challenges
- Project Video

6. *Paperwork is Your Friend*

- Student Contract
- Student Manual
- Mentor Contract
- Mentor Manual
- Staff Contract(s)
- Faculty Letter of Recommendation
- Criminal Record Check
- Skills Inventories or Scopes of Practice Per Discipline & Program Level
- Shift Supervisor End of Clinic Checklist
- Attendance Sheet
- Intake Form
- Client Checklist
- History & Prescription Form
- Kids' Rules
- Debrief Notes
- Referral Information
- Local Resource Directory
- Donation Deposit Form
- Policies & Protocols
 - 1) Policies
 - o Research Policy
 - o Red Flag Situation Policy – Chest Pain, Difficulty Breathing, Heavy Bleeding, Suicide Ideation, Other
 - o Personal Conduct Policy
 - o Patient Follow-up & Continuity of Care Policy
 - o Client Exam Room Policy
 - o Teaching Policy (Mentors)
 - o Interprofessional Policy
 - o Feedback Policy
 - o Prescription Policy
 - o People Under the Influence Policy
 - o Clients Seen Alone vs. With Another Policy
 - o Child Abuse Disclosure Policy
 - o Reproductive Policy
 - o Impeachment Policy
 - o Conflict Resolution Policy
 - o Media, Social Media, and Communications Policy
 - o Photography Policy

- o Financial Reserve Policy
- o Sponsorship Policy
- 2) Protocols
 - o Dispute Resolution Protocol
 - o Code of Conduct
 - o Confidentiality Agreement
 - o Code of Ethics (Individual Profession & Project)

7. *Planning for the Future*

- Strategic Planning Reviewed Annually
- Contracts or Memorandum of Understanding with Major Partners
- Evaluation Model for Clinical and Non-Clinical Programs
 - o Collect data for internal purposes (are we reaching our goals and if not why?) and external purposes (demonstrate impact to stakeholders in Annual Report)
 - o Could include creating a program logic model, theory of change, regular needs assessments
- Board Portfolios and Board Mentoring
 - o How are you going to ensure that board knowledge gets passed down with the high rate of student turnover inherent to SRC's?
- Fundraisers and Special Events

Appendix 2: Additions for Future Versions

Literature Review:

- Impact on Costs/system
- Impact on clinicians/supervisors

Clinic Models:

- Include stand alone clinics in other countries (USA, Sweden, Denmark, Australia, Japan)

Summary Chart of Active Canadian Clinics:

- Sources of funding
- Approximate annual budget
- Major costs
- Update Information
- Add new clinics

Common Challenges and How to Approach Them:

- Billing:
 - More details in the future on provincial regulations and how shadow billing works.
- New sections:
 - Clinical flow/operations
 - Orientation/training

Non-Clinical Activities:

- Include links to existing resources, samples and templates

Appendices:

- Sample/template business plans
- Sample/template clinic flow/operations