Early Interprofessional Collaboration Through Student–Run Clinics

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abstract

The current primary care system in British Columbia is challenged with an increasing number of patients with chronic and complex comorbidities. Interprofessional collaborative care has demonstrated improved outcomes for patients, providers, and the health care system, indicating the need for expanding interprofessional education. Student–driven community service learning initiatives, such as student–run clinics, offer an innovative approach to enhancing interprofessional education. Despite recognized challenges, student–run clinics may serve as an engaging learning opportunity for health professional students in British Columbia.

introduction

Primary health care in Canada is presently challenged with an aging population, chronic care needs, and complex morbidities. It is well established that optimizing interprofessional collaborative practices—when multiple health care providers contribute to patient care—is central to strengthening patient–centred care and the sustainability of our primary health care system. Interprofessional education (IPE) is considered essential to the development of effective collaborative practice capabilities. Student–run clinics (SRCs) are undeveloped within British Columbia and may represent a novel approach to providing IPE opportunities for health care professional students.

interprofessional education

The fundamental goal of IPE is to prepare learners for future collaborative practice through developing competencies in specific domains. The World Health Organization defines IPE as “two or more professions learning about, from and with each other to enable effective collaboration and improve health outcomes.” Interprofessional education is strategically aimed to establish collaborative framework competencies in learners: role clarification, client/community–centred care, team functioning, collaborative leadership, interprofessional communication, and conflict resolution. Suggested benefits of IPE include fostering mutual respect between colleagues and better preparation for real–life interprofessional collaboration. Although evidence regarding the effectiveness of IPE is still sparse, seven out of 15 studies in a 2013 Cochrane systematic review positively linked IPE intervention with improved performance of team care. Improved parameters of performance noted in the studies include better team behaviour and information sharing in operating room settings, and reduction of clinical error rates in emergency department teams. However, multiple challenges prevent implementation and long–term commitment of IPE into mainstream curricula. Documented barriers across Canadian health professional schools include inflexible scheduling, crammed curricula, lack of perceived value by students, faculty and administration, logistics concerning resources and space allocation, poor understanding of other professions, and professional regulatory requirements. It has been suggested that innovative learning opportunities that actively engage students are required to improve interprofessional learning. SRCs are an example of such an innovative approach.

student–run clinics as an interprofessional education approach

SRCs allow students in multiple health care disciplines to collaborate in clinic settings as well as take on primary responsibility for operational management. Typically based out of community health centres, SRCs have a core mandate to provide services for marginalized and underserved populations. In addition to clinical services, SRCs deliver a combination of health promotion and social programs, including harm reduction, counselling, childcare and literacy. Furthermore, all clinical and health promotion activities are delivered under the preceptorship of licensed health care professionals. SRCs offer an innovative IPE paradigm for development of interprofessional competencies. Clinic shift teams comprise students and preceptors of various disciplines responsible for a given client. Together, the shift team devises management plans and delivers coordinated patient care. Thus, students who participate in running the clinics have the opportunity to utilize and improve their competencies in team functioning, role clarity, interprofessional...
communication, and conflict resolution. Since students collaborate with community representatives to develop health promotion programs, community—and client–centered care is encouraged. Furthermore, student leadership and role clarification must be practiced throughout all aspects of clinic and program administration as students appropriately determine which profession has the knowledge and skills to address patient needs. Through participation in SRCS, students gain a better understanding of their roles and those of other professions.

While no studies to our knowledge have directly evaluated whether SRCS effectively develop IPE competencies, a few have systematically evaluated changes in student responses towards their interprofessional value. Bennard et al. (2004) reported that medical student responses towards the educational value of working at an SRC, the majority (75%) found that the experience positively affected their attitudes towards collaboration with non–physician health professionals. At the Houston Outreach Medicine, Education and Social Services Initiative (HOMES), student participants from public health, medicine and pharmacy programs work together in clinic teams to provide care for homeless individuals. The participants similarly ranked multidisciplinary care as one of the most valuable lessons gained from the education experience, highlighting that SRCS provide a useful context for IPE and “real clinical interdisciplinary experiences” early in training.

Given the importance of interprofessional clinical training, SRCS are becoming increasingly popular; yet they remain in the early stages of development in B.C. Presently, there are only eight established clinics in Canada, compared with at least 110 clinics affiliated with 49 American medical schools. At the University of British Columbia in Vancouver, the Community Health Initiative by University Students (CHIUS)—an interdisciplinary group of health professional students who provide health promotion workshops and services to underserved populations—currently operates a SRC at Vancouver Native Health Society. Here, students work in shifts alongside a youth drop-in program in the Downtown Eastside. However, only medical and nursing students may participate, and no other similar interdisciplin ary clinic exists in B.C. Furthermore, all existing Canadian SRCS only address acute care needs, while chronic care models have been increasingly emphasized for improving health care outcomes. We predict that an SRC available to students from a wider range of health professions and focused on chronic care management would enhance IPE opportunities.

One of the most challenging obstacles to SRC implementation is the issue of malpractice and liability for both students and preceptors. Students must be covered under university malpractice insurance while preceptors must be covered with their personal liability insurance, which must meet specific requirements for local health authorities and SRC host clinic sites. Additionally, due to high student participant turnover in SRCS, another common challenge is the issue of continuity of care. A given patient may be seen by a different team of students at each visit, which may potentially impede development of trusting relationships and interrupt coordination of care. Therefore, in order to compensate, it is crucial for SRCS to record health information about their patients in a thorough, consistent order, which would allow each subsequent clinic team to seamlessly follow through with appropriate care.

**Conclusion**

SRCS deliver an innovative education model and provide a framework for developing IPE competencies. These clinics also increase social accountability by identifying the need for comprehensive health care in underserved communities facing significant barriers to health care access. Given the progression of primary care towards enhancing collaborative care models, SRCS are a potential means for embedding meaningful interprofessional experiences in the training of health professional students.

**References**