

## Improving Quality of preventing care at a student Run free clinic

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### *Abstract*

Student-run clinics increasingly serve as primary care providers for patients of lower socioeconomic status, but studies show that quality of care at student-run clinics has room for improvement. The American Academy of Family Physicians (AAFP) supports health as a basic human right for all people regardless of social and economic status, and ideally through a patient-centered medical home (PCMH). Student-run free clinics often provide access to indigent and underserved populations who otherwise may not receive basic health care services. A student-run free primary care clinic is a service-learning, student driven outreach project that strives to enhance the health and wellbeing of a community through the provision of medical care

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The HAVEN Free Clinic, a student-run free clinic affiliated with our home university and a local community health center, measured adherence to guidelines for preventive care in 2009. Our clinic found that rates of screening for HIV testing, fasting lipid panel, fasting blood glucose, and Pap smear were on par with rates nationwide, but fell short of national goals. As a result, student leaders implemented an intervention to improve adherence to guidelines for our patients for these four services. This study seeks to evaluate whether a student-led QI intervention increased adherence to guidelines for four key preventive health services over two years.

In response, HAVEN created a role for a new volunteer position, the Medical Records Specialist (MRS) in January of 2010. The MRS is a pre-clinical health professions student that reviews the charts of patients with upcoming appointments and notes any indicated preventive health screenings, vaccinations, or other follow-up items that were not addressed from previous visits. The MRS writes an “MRS Note” with checkboxes for each of these follow-up items in the paper chart directly adjacent to the physical space where the next clinical team would begin their note the following week. Thus, the clinical team would always be aware of recommended preventive screening follow-up items prior to seeing each patient. The new MRS role was approved by the student leadership board and implemented in January 2010. After piloting the position for two trimesters, the position was subsequently combined with the JCTM position such that each JCTM volunteer would take one shift as an MRS per term.

Analysis revealed that responsibility, authenticity, and collaboration described how SRC participation contribute to learning.