National Survey of Pharmacy Services Offered in Student-Run Free Clinics (SRFC)

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Background

Student-run free clinics (SRFC) are an excellent interprofessional learning environment for students enrolled in health-related disciplines. Building Relationships and Initiatives Dedicated to Gaining Equality (BRIDGE) Clinic was established in 2007 by the USF College of Medicine, and included physical therapy and social work. The COP began participating in 2011. The development of pharmacy services has been slow and remains inconsistent; secondary challenges such as environmental logistics and objectives per student learner level. It was felt that a better appreciation of the role of pharmacy in other SRFC would provide insight regarding possible program enhancements. Literature review identified limited information regarding the number of pharmacy programs involved in SRFC and extent of participation.

Objectives

- Primary: to identify the number of pharmacy programs involved in SRFC, and types of services provided.
- Secondary: to describe pharmacy and other discipline involvement, and quantify administrative processes.

Methods

Cross-sectional analysis utilizing a survey developed from the literature.1,2,3 Peer review of questions (face-validity); format included dichotomous response, multiple-choice, and open response. Qualtrics® survey distributed via email to Pharmacy Practice Chairs at AACP affiliate institutions. Descriptive analyses; duplicate responses combined when possible. Project deemed exempt by IRB.

Results

- Forty-three respondents: 44% private, 56% public
- Approximately 80% had been in existence ≤ 9 years; 56% noted pharmacy inclusion from inception
- Discipline involvement: MD 89%; RN 83%; PA and dentistry 50%; PT 44%; PH and SW 39%
- Majority operated one day per week; ten patient per day; total population served 150-300
- Variable use of schedule (vs. walk-in) and wait time; average encounter duration 30 minutes (40%)
- Pharmacy student selection: all patients 63%, referral 19%, chart review 13%
- Sixty-five percent reported pharmacy students participated in patient encounters with other disciplines

Challenges: funding and preceptor participation 63%; patient adherence and student participation 50%; student transitions 44%; imbalance in discipline responsibilities and service development 38%; and resource allocation 31%

Respondents without SRFC reported secondary to: funding/resources 59%; no facility 50%; new program 14%; or lack of faculty support 9%. Most had considered involvement.

Discussion

Participation in SRFC provides benefits to all involved; patients have access to care, and students are afforded opportunity for early clinical engagement. Medicine has been involved with SRFC for several decades, with descriptions of services and outcomes available in the literature. The magnitude of pharmacy involvement is unclear, as there is limited literature quantifying pharmacy services. Although only a third of the pharmacy colleges and schools responded, and is a noted limitation, the provided information is valuable to those who participate in SRFC. The pharmacy programs who have recorded activities in the literature responded to the survey. Quantification of discipline involvement, nature of collaborations, the types of pharmacy services and student involvement is invaluable.

The information is in the process of be shared with pharmacy students, preceptors and other health disciplines serving BRIDGE. It is our hope that the information will lead to enhancements in the types of pharmacy services and collaborations with other disciplines. A keen area of interest is expanding interdisciplinary collaborations and the development of an interprofessional team approach. Other possible enhancements include the development of an interprofessional student leadership hierarchy and committees (e.g., clinical, financial and research).

Standard operating procedures will be developed for new enterprises. Outcome parameters will be added to new initiatives. Future assessment opportunities include patient satisfaction, patient-care outcomes, and student learning outcomes.

Conclusion

Limited information pertaining to pharmacy inclusion in SRFC has been published. The information will be used to identify additional opportunities for enhancements and/or student engagement in BRIDGE. The information may prove helpful to other pharmacy programs who participate or are considering participation in SRFC.

References