

# Lessons learnt from supervising in a student-run clinic

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*“Tell them and they will forget, show them and they will remember, involve them and they will understand.”*

We often reflect on students learning in classroom or lecture theatre. However, extracurricular student activities are also of educational value. In contrast to the formal curricula, attendance and participation are not monitored, nor do they contribute to assessments. In this environment I am not seen as the lecturer but as the supervising pharmacist. Below I have reflected on two lessons I have learnt through my involvement in Trinity Health Services (THS) in the hope that it may encourage further participation of pharmacists and students in such organisations.

It was in my first teaching workshop in 2008 where I heard the above saying and it has formed part of my teaching philosophy. I presume it originates from the Chinese proverb: “Tell me and I will forget. Show me and I will remember. Involve me and I will understand. Step back and I will act.” It is through my involvement in student-run clinics that I have seen this philosophy realised

by students participating, fully engaged in clinic activities and working as a team.

Student-run clinics (SRCs) offer unique learning environments where students take responsibility for operating and managing the clinic under the supervision of registered healthcare professionals (Box 1). Although various models of SRCs exist, most fall outside of the formalised curriculum. Thus, students need to volunteer to serve, while simultaneously learning through these encounters.

## Box 1: Definition of student-run clinics<sup>1</sup>

“A student-run free clinic is an institution that provides care at no cost to those in our society that may not otherwise be able to afford such services. These clinics are staffed by volunteers seeking opportunities to provide care to populations such as the uninsured and homeless while simultaneously enrich their education with real-life patient care.”

These clinics are often staffed by an interprofessional team of students. The students work collaboratively, sharing their life experiences and knowledge as well as demonstrating the skills they have acquired.<sup>2</sup> Pharmacy students volunteering in interprofessional SRCs have participated in medication reconciliation, medical assessments as well as educating both patients and healthcare providers on medication.<sup>3</sup> Their role has also extended beyond the pharmacy to include administrative and clinical tasks, as well as having the opportunity to participate in leadership positions.<sup>4</sup>

## Trinity Health Services (THS)

I have been fortunate to be involved with Trinity Health Services (THS) since 2011. THS is a free healthcare service to the homeless community of Braamfontein, operating on alternate Monday nights. The clinic consists of a pharmacy and three consultation rooms on the premises of Holy Trinity Catholic Church and is operated by staff and students from the University of Witwatersrand. They are in addition to the pharmacists and doctors working in both the private and public healthcare sectors who volunteer to supervise students.

The timeline below (Figure 1) outlines the establishment of THS in 2004 by two medical students in consultation with Holy Trinity Catholic Church. The students, who were volunteers at the soup kitchen, saw the need to provide basic wound care and first-aid services. In 2011, THS expanded its services when they were provided with consultation rooms. They soon needed a pharmacy to dispense the necessary medication. The clinic was closed

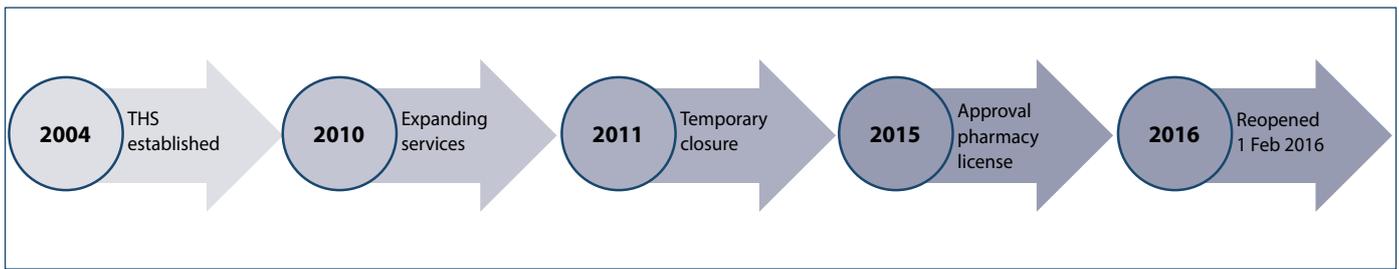


Figure 1: Timeline of THS<sup>5</sup>

temporarily in 2010 until a community pharmacy license could be attained. The pharmacy licence was finally approved in 2015 and the clinic reopened in January 2016.

THS provides free acute care services to the inner-city homeless. The homeless represent both a vulnerable and marginalised group society. Their mental and physical health is adversely affected by the lack of nutritional food available, the extreme weather conditions they are exposed to without adequate shelter as well as the stigma and discrimination they face when accessing health care services. A retrospective review of patient files in 2017 showed patients frequenting THS presented mainly with conditions related to the respiratory ( $n = 56$ ; 21.7%) and digestive ( $n = 32$ ; 12.4%) systems.<sup>6</sup> The most commonly dispensed medications were analgesics ( $n = 33$ ; 38.8%), antibiotics ( $n = 33$ ; 13.8%) and antihistamines ( $n = 25$ ; 10.4%).

### Lesson 1: Serving versus learning

It was early on in our journey at THS where I learnt from a colleague, Prof. Green-Thompson, that it is our primary role as supervisors

to ensure patient care. Thus, supervisors are not responsible for student learning. However, learning does take place and is driven by the students through their interactions with each other, patients and supervisors. In addition, the role of the supervisor is to exemplify their professional role.

Third and fourth year pharmacy students join the medical students in the consulting rooms where they observe the consultation and advise on appropriate treatment available as part of their BPharm training (Figure 2). The second and third years work as pharmacist's assistants in the dispensary under the direct supervision of a pharmacist.

From these interactions we can see that learning goes far beyond what is taught in the curriculum. Through their interactions and conversations with patients, they begin to understand the needs of the community and the barriers the homeless face when seeking healthcare services. In turn they become advocates for the homeless and strive to provide a patient-centred service. Furthermore, the students on the management committee have a greater responsibility as they collectively manage and operate the clinic. This involves recruiting student volunteers and allocating of tasks.

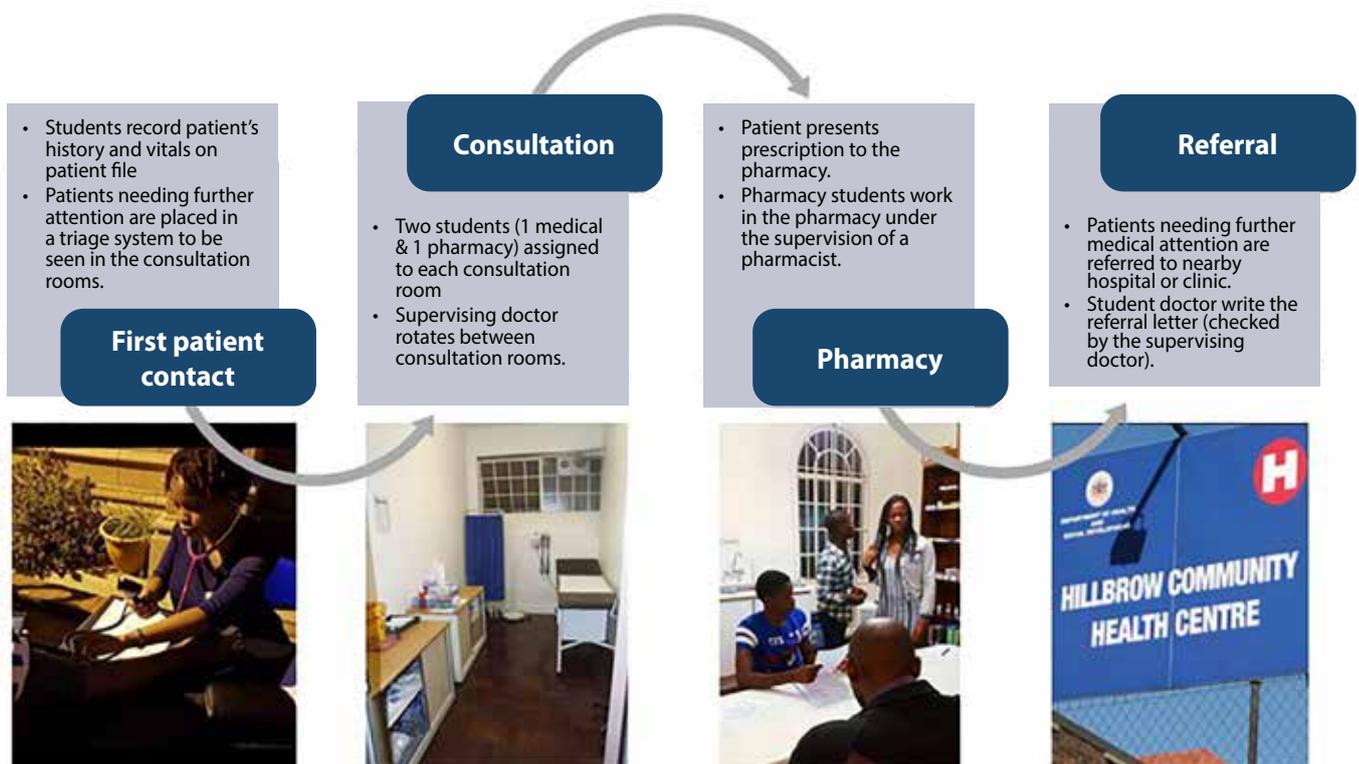


Figure 2: Outline of patient consultation<sup>7</sup>

Thus, I have come to realise that serving and learning are not at opposing ends. It is through serving that students are learning beyond the expectations of the curriculum.

## Lesson 2: Collaboration is key

Before the reopening of THS in 2016, there were only medical student volunteers. In the early discussions with students prior to the reopening, the importance of working collaboratively was identified.

Pharmacy and medical students worked together in the patient consultations, determining the diagnosis and providing a treatment plan, which is presented to the supervising doctor. Through their interactions, students can demonstrate their professional roles, communicate and work together as a team. They identified overlapping competencies and areas for collaboration.

In 2019 students from the Bachelor of Nursing and Bachelor of Clinical Practice programmes joined the team. In addition, students have seen the need to further expand the interprofessional team. Through their interactions with patients they identified the need for dental, psychological and social services.

Furthermore, interprofessional collaboration is embodied through the student management committee with representation from across the Faculty of Health Sciences. Each discipline has at least

one representative on the committee that is tasked with recruiting, volunteering and managing their service.

The students learn to work together through their collaboration on cases and observing their supervisors. The supervising professionals need to demonstrate core interprofessional values such as respect and communication. The supervising professionals form part of the advisory committee assisting in the management of the clinic services.

As THS strives to become a homeless-centred healthcare service, the interprofessional team needs to expand to include representatives from the homeless community. Empowerment of individuals and the community is one of the strategies to forming an integrated people-centred health service.<sup>8</sup> Patients need to be actively in charge of their health as opposed to being passive recipients of care.

Universities in South Africa "...have a major impact on the social, economic and cultural development and well-being of our nation".<sup>9</sup> Our graduates are therefore the change agents that will transform our healthcare sector.

I believe that student-run clinics have immense benefit to both students and communities. Where student volunteers are dedicated to help underserved communities, they too have the potential to transform healthcare education.



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