

A Day in the Life of a Student-Run Free Clinic

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It's 3 AM, and everything is dark except the light flashing from the television. The weather forecaster announces a huge snowstorm, and as first-year medical student leaders of a free clinic, we must decide whether to hold clinic that day. At 7:30 AM, after a 40-minute drive that normally takes 20, we pull into the parking lot of the community health center site used every Saturday for our free student-run clinic. Patients are already lined up outside, even though it will be another 30 minutes until doors open. This scene is in stark contrast to the version of Madison we had been exposed to, describing it as a "Happening Place to Be Healthy"¹ and the third-best city to live in.² Unfortunately, the ease of living is not shared by many of our patients, and disparities in health care are often overlooked and unaddressed, requiring many to seek services where they can—our clinic being one of their only options.

The doors open at 8 AM, and patients fill the waiting room. On a typical day, our volunteer team of 12 students, 3 clinicians, and 2 pharmacists serves about 20 patients—most of whom are underserved, uninsured, and predominantly Spanish-speaking. On a first-come, first-served basis, we provide general medical care, physical therapy, and dermatology services. As clinic coordinators, we meet some but not all of the

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patients. However, in those moments we do meet, we are privy to not only their acute medical concerns but their stories and backgrounds. Every week there are different challenges and

month to patients with multiple comorbidities and complex medical needs.

As the clinic day winds down and the stack of referral paperwork grows, the student and

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barriers, and we strive to work nimbly and expect the unexpected.

Our student volunteers come from interdisciplinary health professional fields. Some speak Spanish—a critical asset to the clinic, as they can create stronger connections with our Spanish-speaking patients through face-to-face communication.

A typical clinic visit involves student volunteers performing an initial interview and exam, presenting to the supervising provider, and returning to the patient room to confirm the plan. After that comes the hard part—getting the patient what they need. Our clinic can cover labs, x-rays, and medications, but concerns requiring a specialist are referred to community resources. Our list of community partners seems endless but nonetheless comes up short. Mental health resources are incredibly sparse, with our own free mental health clinic being the most accessible option. For physical therapy, the only resource is our own bimonthly student-run clinic. We carefully ration the few primary care new-patient referrals we have per

provider volunteers gather for a wrap-up to discuss the challenges of providing care to patients with limited resources and ways to improve our clinic and better serve our patients.

The day's paperwork is handed off to our Referrals Coordinators, a team of four students who then spend the following weeks calling patients and providers to facilitate appropriate follow-up care. Their commitment to connecting our patients to resources and helping them navigate the health system is essential for overcoming health literacy barriers and ensuring we provide the best care we can.

At the end of each clinic day, we send patients off with the hope that they can follow through with their treatment plans, despite the barriers. Our services would be obsolete and unneeded in an ideal world, but the current reality is far from that. Originally, we were set up to address acute medical needs but, with increasing community need, we have become the only health care option for many uninsured patients. We see it as a privilege and a welcome challenge to adapt to patients' needs,

advocate for expanded access to primary care for the uninsured, and connect patients to much-needed resources.

Running this clinic is a bit like managing a mini healthcare system. We have implemented new programs and learned about the complexities of setting up and optimizing protocols, interdisciplinary patient care, and communicating across language and cultural barriers. These experiences also have opened our eyes to the significant needs faced by underserved communities and the true cost of health care—a cost that extends beyond the clinic and that is elucidated as we scrounge for GoodRx coupons to help with medication costs, finagle transportation vouchers, occasionally beg our community partners to squeeze in just one more patient, and dole out everything we know about community resources like candy on Halloween. Most importantly, this clinic has taught us the importance of treating the individual holistically, addressing not only medical concerns but also evaluating and addressing social determinants of health and taking the time to connect.

As future physicians, we recognize that we will have both the privilege and responsibility to guide and advocate for our patients—particularly those who are otherwise ignored. While our experience coordinating this clinic has come with its challenges, it also highlights the realities of being a health care provider. We navigate a complex system, manage follow-up, strive to improve health, and look forward to doing it again and again. We hope for our work to shape a system in which individuals have more options than to wait for hours to be seen by students at a free clinic because we believe that Madison can live up to its title and be the “happening place to be healthy” for everyone.

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1. Hasse N. 2019 Top 100 Best Place to Live: Madison, WI. Livability. March 12, 2019. Accessed February 20, 2020. <https://livability.com/best-places/top-100-best-places-to-live/2019/wi/madison>
2. Rankings and Accolades. Destination Madison. Accessed February 20, 2020. <https://www.visitmadison.com/media/rankings/>

Schrager Named Editor-in-Chief

The Publishing Board for the *Wisconsin Medical Journal (WMJ)* named Sarina Schrager, MD, MS, editor-in-chief in October for a three-year term that began immediately. Dr. Schrager had served as interim editor-in-chief since May 2019, when John Frey, III, MD, retired from the position. Prior to that, she served as associate editor and as a member of the Editorial Board.

“In the last 18 months while serving as interim editor-in-chief, Dr. Schrager has done a great job at moving the journal forward. Based on our experience, we unanimously approved her as the editor-in-chief,” said Publishing Board Chair William Hueston, MD, senior associate dean for Medical Education and associate provost of Education at the Medical College of Wisconsin. “The Publishing Board was very impressed with the way she managed the *WMJ* while in the interim role and was excited that she was interested in the permanent position.”

Dr. Schrager is a professor in the University of Wisconsin School of Medicine and Public Health’s Department of Family Medicine and Community Health. A graduate of Dartmouth College, she earned her medical degree from the University of Illinois College of Medicine at Chicago and completed her residency in family medicine at the MacNeal Hospital program in Berwyn, Illinois. She also completed a self-designed fellowship in Women’s Health at MacNeal that combined graduate work in Women’s Studies with clinical care in family practice. Her teaching focus is on women’s health education for residents.

After working with the *WMJ* for many years, Dr. Schrager said she was



Sarina Schrager, MD, MS
WMJ Editor-in-Chief

interested in serving as editor-in-chief for a few key reasons.

“The *WMJ* is a generalist journal with a wide range of article topics. I believe in it being a venue for Wisconsin-based researchers, scholars, and learners to share their work,” she said. “And much of the work we publish focuses on local populations, which makes it more meaningful to me.”

“I also find joy and accomplishment in being able to mentor junior authors in their writing,” she added. “This is part of my job in the Department of Family Medicine and Community Health and I have enjoyed being able to help students, residents, fellows, and junior faculty publish in the *WMJ*. This process of support, guidance, and feedback is an essential component of the editor-in-chief role and one that energizes me.”

In addition to serving as editor-in-chief of *WMJ*, Dr. Schrager is medical editor of *FPM*, a peer-reviewed, indexed journal published by the American Academy of Family Physicians.

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