Quality Improvement at a Student-Run Free Clinic

Mingyang Liu1,2, Adrienne Krebs1, Michelle Fleschner1,3, Emil Achmad1, Frank Rosinia, MD3
1 Tulane University School of Medicine, 2 Tulane University School of Public Health and Tropical Medicine

Context

Fleur de Vie (FdV) NOLA East is a Tulane student-run clinic hosted at NOELA Community Health Center, a primary care clinic managed and operated by Mary Queen of Viet Nam Community Development Corporation.

Brief History of Fleur de Vie Clinic

• Fleur de vie clinic was founded in the months following Hurricane Katrina.
• Tulane University School of Medicine’s first free community healthcare clinic that was founded, organized and operated by students.
• The mission of the clinic includes two goals:
  - Provide affordable, high-quality healthcare to our community
  - Create hands on innovative learning environments for medical students
• Each precepting team consists of one T1/T2 (MS1/MS2) and one T3/T4 (MS3/MS4) that work together before presenting to the volunteer attending physician.
• MS1/MS2 student volunteers receive service-learning hour credit
• MS3/MS4 student volunteers provide guidance before, during, and after the clinic encounter
• In the 2011-2012 term, FdV NOLA East transitioned from providing primary care to providing specialist care
  - One Tulane attending physician volunteer at each clinic session at FdV NOLA East
  - There was little emphasis on providing feedback to MS1/MS2 student volunteers.
  - The clinic provides an opportunity for students to develop their skills before clinical rotations.

Aim

To provide all MS1/MS2 volunteers with specific feedback on their strengths and areas of improvement in their clinical skills by the end of the 2012-2013 academic year.

Measures

Interventions

• The use of feedback was emphasized during the FdV clinic leadership transition

  FdV NOLA East Leadership

  2 Clinic Coordinators
  2 Patient Education Coordinators
  2 Volunteer Coordinators
  2 Interpreter Coordinators
  5 Faculty Advisors

• Dr. Elma LeDoux’s 5 habits to reinforce:
  1. Introduce first and last name
  2. Wash hands before touching patient
  3. Sit at eye level with the patient
  4. Ask questions (allow for silence)
  5. Complete FAR COLDER in HPI

  Measures

  19/46 (41.3%) MS1/MS2 (first and second year) and 13/18 (72.2%) MS3/MS4 (third and fourth year) medical students volunteered at FdV NOLA East from March 2012 to November 2014 and completed the survey.

  Clinical encounters during pre-clinical years are valuable opportunities for students to establish a strong foundation from which to build their clinical knowledge and skills. Prior to the interventions, it was unclear how much feedback transpired among precepting volunteers. The interventions (leadership training and reinforcing Dr. LeDoux’s 5 habits) led to the current results. Providing feedback can provide an avenue encourage and maintain empathy, which often declines in the course of medical training.

  Although most volunteers believe that feedback would improve their clinical skills and performance, 25% of respondents did not give/receive positive feedback and 12.5% did not give/receive constructive feedback. We hope to implement a feedback worksheet that MS3/MS4 students can fill out after clinical encounters to provide specific feedback. We hope to work with other student-run free clinics to use Mini-CEX for more standardized feedback in the future.

  References


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Process

• Improve overall quality of care andvolunteers’ clinical skills
• Identify areas of improvement
• Volunteer clinical skills

Measure impact

• Survey volunteers

Implement changes

• Provide feedback to volunteers

Figure 3. Will Daigle, a MS1 student at the time, and Aniyr Hsieh, a MS4 student, present a case to Dr. Elma LeDoux, a Tulane cardiologist and course director for “Clinical Diagnosis.”

Figure 2. Plan-Do-Study-Act process at FdV NOLA East clinic.

Figure 4. Sample survey for MS1/MS2 student volunteers.

Figure 5. Feedback worksheet to be piloted in December 2013.

Figure 6. Survey results show that most precepting teams discussed disease processes at FdV; more MS3/MS4 students felt that they provided feedback than MS1/MS2 students felt that they received feedback; almost everyone valued feedback as a tool for improving clinical skills.

Figure 1. Label A locates the Tulane Medical Center and label B locates the NOELA Community Health Center, where FdV NOLA East.

Figure 7. Sample feedback worksheet to be piloted in December 2013.