

Respectful Service Learning

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On any given night, there are an estimated 567,715 people in America experiencing homelessness.¹ In the Seattle King County area, there are an estimated 11,751 individuals experiencing homelessness.² This fact is especially worrying in the era of COVID-19, given that 25% and 16% of Americans report having had trouble paying their bills or rent or mortgage payments, respectively.³

Further, homelessness and health are undeniably connected, as many individuals experiencing homelessness suffer from chronic comorbidities, lack of health insurance or social support, and an increased risk of exposure to communicable diseases through living on the street or crowded shelter. All of these issues result in earlier deaths as compared to the general population.^{4,5} These problems underscore the need for patient-centered care that is grounded in mutual respect and cognizant of the lived realities faced by the homeless.

The purpose of this article is to conceptualize a model for medical student-run free clinics that is centered on respect and positive patient outcomes while still informing student learning. Free clinics are a mainstay in medical student education, with 73% of the 2019 graduating class across all medical schools participating in a “free clinic for the underserved population.”⁶ A number of studies have focused on medical student learning, volunteerism, and diabetes care.

In a survey of medical students involved in student-run free clinics, Smith et al. found that free clinics were shown to improve student knowledge, skills, attitudes and self-efficacy with medically underserved populations, as well as increased interest in working with the underserved and specializing in primary care post-graduation.⁷

Free clinics offering diabetes care have been shown to demonstrate “longitudinal and clinically significant improvement in diabetes care” and be effective in diabetes screening with the use of foot exams.⁸ Additionally, in a conceptual paper focusing on the author’s experiences, Reynold’s found that working in a free clinic increases volunteerism amongst practicing physicians, including senior physicians with years of experience.⁹

Studies have shown medical student participation in patient care has little to some positive effect on patient satisfaction.^{10,11} In fact, one study found that the longitudinal involvement of medical students in patient care, that is, seeing the same medical student over a period of time, improved patient satisfaction.¹²

However, some have argued that explicit consent should be required for trainee involvement.¹³ Further, the manner in which explicit consent is obtained is important in patient satisfaction, with patients reporting less satisfaction when being asked directly.¹⁴ It should be noted that extensive research on whether or not patients at free clinics are satisfied with medical student involvement has not been done, nor has research explicitly focused on respect in this healthcare setting.

Relationship-Centered Care

One framework to conceptualize respectful healthcare delivery for the homeless population is relationship-centered care, which Dr. Anthony L Suchman defines as a “clinical philosophy that stresses partnership, careful attention to relational process, shared decision-making, and self-awareness.”¹⁵

Beach et al. further expand on this definition to emphasize patients’ “personhood,” or valuing

patients as people rather than an amalgamation of their health conditions. Additionally, integral to this framework is the clinician-community relationship, which requires acknowledging and accepting the diverse social, political, and economic issues faced by a population amongst the back drop of past healthcare-community relationships in order to effectively integrate into the community.¹⁶

Fundamental to relationship-centered care is the ethical principle of respect for persons. Respectful behavior is often thought to center on informed consent and promoting patient autonomy, or the right of individuals to make their own healthcare decisions.^{17,18} In addition to obtaining consent, behaviors such as listening, showing empathy, and attending to a patient's time have also been shown to convey respect.¹⁹⁻²¹

In other words, this means meeting the patient where they are.

To adequately show respect, social context and the ability to access care must be considered. For example, in the case of a homeless individual without social support or a stable place to stay, informed consent and release of information may have to entail a conversation about how to reach someone with results rather than simply writing down a phone number or email address.

Undoubtedly, the respectful navigation of systemic injustices that have negative downstream effects on both a patient's health and housing security is a daunting task even for the well-trained and experienced physician. As a medical student with developing yet incomplete clinical skills, I have often wondered how to approach service learning respectfully.

One key ethical dilemma about respectful service learning is that volunteering in student-run free clinics benefits my learning, but does it hold any value for the patient? For example, when my preceptor teaches me about the pathology of disease processes specific to and in front of the patient, that may risk the patient feeling both medicalized and separated from the conversation.

That is, my presence might have negative ramifications in respecting the personhood of patients that is vital in forming clinically effective relationships.

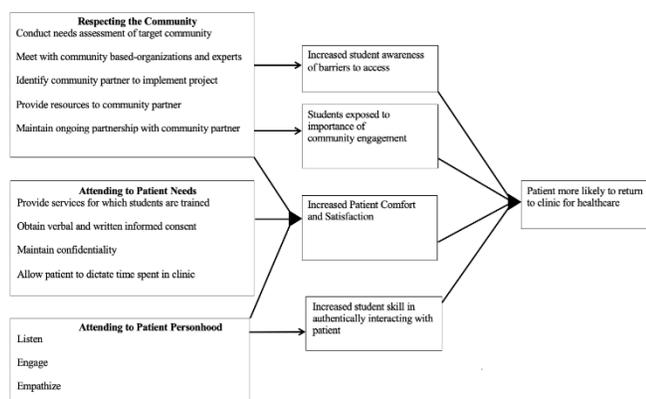
While the aforementioned studies on medical student involvement in patient care have not shown overall negative effects on patient satisfaction, it is harder to measure if a free clinic is effectively focusing on relationship-centered care. The American Medical Association's guide to Operational Free Clinic lists "respecting the dignity of each individual" as a core value of a successful clinic but does not explicitly lay out what is meant by such a statement.²² Therefore, our own personal interactions with patients at free clinics can guide us in measuring relationship-centered care and respect in the absence of significant research in this setting.

Personal Experiences

I am emboldened by positive encounters with patients and the community both welcoming our free clinic and inviting our return. I am one of the co-leads for the longest running free clinic at the University of Washington School of Medicine: the Community Health Advancement Program (CHAP). Specifically, I help coordinate the footcare clinics, an interdisciplinary clinic with students from various health professions that recognizes the unique challenge of proper foot care for the homeless and housing insecure.

Our student-run free clinic is not groundbreaking or unique with respect to our goals of improving the health of all that we serve, but I do believe that we are extremely effective in maintaining a culture of respect that incorporates aspects of patient and relationship-centered care, including respecting the community, attending to patient needs, and attending to the personhood of each patient. **Figure 1** showcases one possible model for free clinics to follow that is grounded in both personal experiences with CHAP and review of the existing literature.

Figure 1. Model showcasing actions that contribute to tenets of relationship-centered care and their potential student and patient outcomes.



Conclusion

Student-run free clinics have the unique role of serving as an entry point for patients from marginalized communities who face limited access to healthcare. They expose students to patient populations they may not otherwise see on clinical rotations and increase their likelihood of practicing in an underserved area. Further, they are ubiquitous in medical education, with a majority of students participating at some point. The existence of free clinics is therefore necessary, but we *must* ensure a standard of respectful behaviors and actions towards patients if we hope to adequately serve and develop relationships with our patients and communities.

A possible framework for such an endeavor is based on aspects of relationship-centered care coupled with personal experiences of what works in a specific community and includes respect for that community and attention to the patient's needs and personhood. This model may have the unique ability to emphasize the importance of community engagement and support to students, while increasing patient satisfaction and comfort and pursuing the ultimate goal of improving access to healthcare.

Still, more research focusing on the needs and priorities of the populations served by free clinics is needed to clarify guidelines for students to act in a respectful manner. It remains crucial,

however, that students participating in free clinics should be attuned to acting in a way that is focused on respectful relationship building.

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