

Supplementary Online Content

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National Student-run Free Clinic survey

This supplementary material has been provided by the authors to give readers additional information about their work.

National Student-run Free Clinic survey

1. Medical school that your Student-Run Free Clinic is associated with:

2. Contact information

Clinic website:

Clinic facebook page:

Clinic address:

Clinic phone number:

Student contact name:

Student contact email:

Faculty contact name:

Faculty contact email:

3. How many Student-Run Free Clinics sites are affiliated with your institution:

0 1 2 3 4 5 6 7 8 9 ≥10

4. Which of the following best describe your clinic site(s): (check all that apply)

Community Clinic (ie Federally Qualified Health Center)

Medical office building

Medical school

Hospital

Church

Homeless Shelter

Battered Women's Shelter

Public School

Mobile Unit

Street Outreach

Other

If other, please describe below

5. Please indicate the times that your clinics are open:

	morning	afternoon	evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

6. Do you stay open year round?

Yes, we are open all year

No, we are open only during the academic school year

Other (please specify below)

Comments

7. Please indicate the appropriate response describing each clinic session (on average):

	0	1	2	3	4	5	6	7	8	9	≥10
# exam rooms per clinic											
# hours in a usual clinic session											
# MS1s per clinic											
# MS2s per clinic											
# MS3s per clinic											
# MS4s per clinic											
Attendings per clinic											

8. Patient volume:

patients seen in a usual clinic session:

clinic sessions per week:

9. Please indicate the percentage of appointments that are scheduled versus walk-in visits.

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Scheduled appointments										
Walk-in visits										

Comments

10. Please indicate the average wait times at your clinic:

Wait time after patient arrives at clinic until seen

- 15 minutes
- 30 minutes
- 45 minutes
- 60 minutes
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 3.5 hours
- 4 hours
- 4.5 hours
- 5 hours
- 5.5 hours
- 6 hours

Total length of time of entire patient visit (from arrival at clinic to leaving clinic)

- 15 minutes
- 30 minutes
- 45 minutes
- 60 minutes
- 1.5 hours
- 2 hours
- 2.5 hours
- 3 hours
- 3.5 hours
- 4 hours
- 4.5 hours
- 5 hours
- 5.5 hours
- 6 hours

11. Medical records

- Paper charts
- Electronic health record (please indicate name of EHR below)
- Other

If applicable, please give the name of the electronic health record you use:

12. Do you use any online resources or software for other clinic operations?

- Yes
- No
- Not sure

If yes, please describe below (ie google calendar for student scheduling, etc)

13. Patient Demographics:

(Please enter the percentage of your patients that reflect the following categories)

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Male										
Female										
Non-hispanic white										
Non-hispanic black										
Hispanic/Latino										
Asian/Pacific Islander										
American Indian										
Other race, ethnicity, or mixed										
Under 18 years old										
Uninsured										
Homeless										
Below 100% Federal Poverty Level										

14. Is patient care free at your Student-Run Clinic?

- Yes
- No
- Varies
- Other (please specify)

15. Do you track the value of services provided at your clinic (ie a billing sheet or equivalent)

- Yes
- No
- Not sure
- Other (please specify)

16. How do you determine patient eligibility for your clinic?

17. Please list the three most common diagnoses at your clinic.

18. Describe the structure of students seeing patients at your clinic.
(ie. are preclinical students paired with clinical students, etc.)

19. Please indicate if you have any of the follow transdisciplinary/interdisciplinary partners as part of your team.

	Yes	No	Not sure
Pharmacy students			
Pharmacists			
Nursing students			
Nurses			
Social work students			
Social workers			
Physician Assistant students			
Physician Assistants			
Legal students			
Lawyers			
Dental students			
Dentists			
Pre-health professional volunteers (ie undergraduates)			
Community volunteers			
Public Health students (M.P.H.)			

20. What services do you provide? (Check all that apply)

- Outpatient adult medicine (family medicine, internal medicine)
- Pediatric care
- Urgent care
- Chronic disease management
- Health care maintenance
- Medical procedures (incision and drainage, joint injection, biopsies)
- Psychology, counseling services
- Dental services
- Acupuncture
- Language interpreters
- Social work
- Legal aid
- Physical Therapy
- Nutrition
- Outreach (please describe below)

Comments

21. Which of the following specialty services are available at your clinic? (Check all that apply)

- None
- Audiology
- Cardiology
- Dermatology
- Endocrinology
- Gastroenterology
- Geriatrics
- Gynecology
- Hematology/Oncology
- Immunology

- Infectious Disease
- Nephrology
- Neurology
- Obstetrics
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pediatrics
- Podiatry
- Psychiatry
- Pulmonology
- Rheumatology
- Surgery
- Urology

Other / comments re: specialty services (including frequency, challenges, etc.)

22. How are these specialty services provided? (Check all that apply)

- On site
- At a specialist's office
- Other

Please describe

23. Can you arrange surgeries for your patients through the Student-Run Clinic? (check all that apply)

- No
- Yes, Lumps and bumps (lipoma, cyst removal)
- Yes, Outpatient surgeries (hernia repair, gall bladder removal)
- Yes, Inpatient surgeries (hysterectomy, colon resection)
- Other (please describe below)

Please describe, including if there is any billing associated with these services

24. Please indicate the types of lab services you have available (check all that apply)

- None
- Urinalysis
- Pregnancy test
- Finger stick glucose
- Finger stick hemoglobin
- Rapid Strep test
- Rapid HIV test
- Fecal Occult Blood Test
- Blood draws performed on-site
- Blood draws performed off-site
- Other

For other, please specify

25. Please indicate which of the following imaging services are available to your patients:

	Yes	No	Not sure
Xray			
Ultrasound			
CT scan			
MRI			
Are these services free of charge to the patient?			

Please describe the funding or partnership that allows imaging at your clinic.

26. Which of the following pharmacy services are available in your clinic?
 (Please answer yes, no, or not sure for each option)

	Yes	No	Not sure
Over the counter medications			
Prescription medications			
On-site pharmacy or dispensary			
Written prescriptions filled at outside pharmacies (ie \$4 drug programs)			
Patient assistance programs (free medications from the drug company)			
Are medications provided free of charge to your patients?			

Additional details regarding medications at your clinic.

27. If you have an onsite pharmacy or dispensary, what medication classes are available?
 (Mark all that apply)

- N/A
- Diabetes
- Hypertension
- Hyperlipidemia
- Asthma
- Depression
- Contraception
- Other (please specify)

28. Is the Student-Run Clinic part of the curriculum?
 (Mark all that apply)

- No academic credit is available for participation
 - Yes, this is a preclinical elective
 - Yes, this is part of the preclinical core curriculum
 - Yes, this is a clinical elective
 - Yes, this is part of the clinical core curriculum
 - Other
- Please describe

29. What percentage of medical students are involved in your Student-Run Free Clinic at some point during medical school?

- 0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%
55% 60% 65% 70% 75% 80% 85% 90% 95% 100%

30. Please describe the leadership structure of your clinic.

31. Current state of research, knowledge, or systematic assessment of outcomes from Student-Run Free Clinics. Is your SRFC systematically examining:

	Yes	No	Don't know
Student outcomes			
Patient outcomes			
Chronic Disease outcomes			
Quality Assurance			
Patient demographics			
Patient Satisfaction			
Other (please describe below)			
Has anyone at your institution presented on SRFCs at national conferences?			
Has anyone at your institution published SRFC outcomes in peer-reviewed journals?			
Do you have a designated research team?			
Do you have ongoing research projects? (If so, please describe below)			
Would you like to participate in inter-institutional outcomes studies?			

Comments:

32. Please indicate the approximate annual budget at your Student-Run Clinic for the following items: (please ask your faculty or supervisor for input if you are unsure)

Medications	
Medical supplies	
Office Supplies	
Rent	
Utilities	
Faculty salary	
Staff salary	
Other	
Total Annual Budget	

33. Please estimate the percentage of your funding that comes from:

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Your institution (medical school)										
Student fundraising										
Grants										
Corporate donations										
Private donations										
Gifts										
Other										

Other comments on your funding:

34. Are any of the following people funded for their work at the Student-Run Clinic?

	Yes	No	Don't know
Faculty			
Administrative staff			
Medical staff (MA, RN, LVN, phlebotomy)			
Other			

Please describe. (ie 10% time for a faculty supervisor, 20% time for an administrative support person)

35. What percentage of your faculty are:

	0-10%	11-20%	21-30%	31-40%	41-50%	51-60%	61-70%	71-80%	81-90%	91-100%
Volunteer										
Paid for their work in the Student-run Clinic										

Comments

36. How is medical malpractice provided to volunteers?

37. What do you see as the greatest advantages of Student-Run Free Clinics?

38. What are the biggest challenges for your Student-Run Clinic?

39. Other comments: