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Descriptive Report

Establishing a Gynecology Student-Run Free Clinic: A Joint Medical Student and Resident Physician Initiative

David Lee, MD, MS[1,2]; Tiffany Loh[2]; Nicholas Blackmond[3]; Sarah George[2]; Felicia Fong[2]; Kaitlyn Quach[2]; Patricia Franz, MD[1,2]; Kurt Wharton, MD[1,2]

[1]Beaumont Health System, Royal Oak, Michigan, USA
[2]Oakland University William Beaumont School of Medicine, Auburn Hills, Michigan, USA
[3]Gary Burnstein Community Health Clinic, Pontiac, Michigan, USA

Corresponding Author: David Lee, MD, MS; email: David.Lee@alumni.med.wmich.edu

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Abstract

Dedicated women's health services are rarely mentioned in the student-run free clinic literature. As society grappled with repeated waves of coronavirus-2019, the number of healthcare professionals decreased across the country and impacted all healthcare settings, including student-run free clinics. In response, a collaboration between medical students and Obstetrics & Gynecology resident physicians at Oakland University William Beaumont School of Medicine and the Gary Burnstein Community Health Clinic established a new gynecology free clinic. This program, under the joint oversight of medical students and resident physicians in addition to attending physician support, provided uninsured women across Southeast Michigan with critical access to healthcare services at a time demand for services was similarly rising. Our clinic emphasized excellence in screening, contraception, and vaccination and, in doing so, provided our patients with evidence-based care and a medical home. Our experience demonstrates student-run free clinics are uniquely positioned to critically expand access to women's health services. Additionally, the establishment of a joint medical student and resident physician endeavor can further enrich both the educational and patient-care experience.

Overview

The student-run free clinic (SRFC) functions as an integral component of a community's healthcare safety net.[1-3] In 2022, over 27 million individuals within the United States were identified as uninsured, and many of these individuals relied on SRFCs as their primary source of non-emergent healthcare.[4] In response to the significant uninsured rates across the United States, SRFCs expanded their number of clinics, the breadth of services offered, and the inclusion of multidisciplinary and interdisciplinary care models.[5-14] However, keeping pace with the ongoing growth in patient needs across communities remains a challenge.

While limited in number, SRFCs dedicated to women's health provide patients with access to services that may not be routinely available in other SRFC settings and provide their volunteers with invaluable service-learning experience and exposure to leadership in healthcare.[15] For instance, one women's health SRFC described a model for triaging complex gynecologic concerns and subsequent management through their institution's existing SRFC network.[16] Another SRFC illustrated the possibility of integrating prenatal care into SRFC operations.[17] Nevertheless, a shortage of literature persists on the variety and scale of women's health services currently offered through SRFCs which potentially hampers efforts at better meeting patient needs and at further optimizing volunteer experiences.

Similarly, the documented outcomes on learners involved in SRFCs remains limited. A prior study described the impact of exposure to women's health in the SRFC setting on pre-clinical medical student volunteer self-perceived

readiness for their Obstetrics & Gynecology rotation.[18] However, data on how significantly SRFC involvement ultimately influenced additional factors such as post-graduate specialty choices, career satisfaction, and ongoing service to the SRFC community following their initial involvement remain mixed.[19-21] Unfortunately, there is an even greater paucity of literature on the involvement of post-graduate trainees such as resident physicians in SRFCs, particularly in the women's health setting.[22-25] This descriptive report fills a gap in that literature by describing the process of establishing a general gynecology clinic as a joint medical student and resident physician endeavor and providing a model for other specialties and institutions to similarly integrate graduate medical education trainees into the SRFC arena.

History of Gary Burnstein Community Health Clinic – Oakland University William Beaumont School of Medicine Collaboration

The Gary Burnstein Community Health Clinic (GBCHC) is an independent free-clinic in Pontiac, MI that provides care to the adult uninsured population of Southeast Michigan through the help of volunteer healthcare professionals from the surrounding community.[26] It initially started in 1997 as a small operation out of a Pontiac homeless shelter serving adult patients of all backgrounds, including undocumented individuals. It then progressively evolved into a state-of-the-art facility, with expanded service capacity, training opportunities, and community impact. It now serves as a key healthcare resource for Michigan's three largest counties which comprise almost 40% of the state's population (Table 1).[27] The GBCHC also leverages its network's resources in addressing patient social determinant of health (SDoH) concerns, legal and immigration challenges, and insurance hurdles which commonly impact free clinic patient populations.[28] Furthermore, it houses a community garden on the clinic property to provide fresh produce to patients and to engage patients in nutrition counseling, education, and self-empowerment. In March 2016, the GBCHC expanded its reach further through a collaboration with Oakland University William Beaumont School of Medicine (OUWB) to establish a Family Medicine SRFC. Through a monthly after-hours operation, it enabled medical students across all four undergraduate medical education training years (M#) to experience all steps of a patient encounter from triage to exam to pharmacy and counseling.

Background and Considerations for Establishing a Gynecology Student-Run Free Clinic

Response to growing needs

Michigan's number of uninsured individuals remains an ongoing concern. Roughly 11% of the state population was uninsured prior to its Medicaid expansion in 2014, and was estimated to be over 14% in 2020.[29,30] As the novel coronavirus disease (COVID) 2019 impacted workforces nationally and globally, COVID also caused a decrease in physician capacity and staffing across healthcare settings.[31,32] The GBCHC unfortunately was similarly impacted with loss of three of its five women's health volunteer physicians following the first wave of COVID (data not published). This loss particularly impacted established and prospective GBCHC female patients as many women historically dual-purposed their Obstetrics and Gynecology (ObGyn) physicians as their primary care physicians.[33-35] Additionally, demand for women's health services continued to grow through 2020, and the limitations caused by COVID precluded healthcare infrastructure from meeting those needs.[36-38] In response, our ObGyn residency program collaborated with OUWB and GBCHC to establish a new service access point for uninsured women and fill a gap in care.

Clinic origins

Interested ObGyn residents approached the SRFC leadership team to discuss strategies for building a new general gynecology SRFC. Following identification of our clinic's mission and vision, we individually approached ObGyn faculty members and gained their support. We then met with medical school leadership, ObGyn residency and department leadership, and GBCHC leadership to discuss this joint endeavor. We emphasized that faculty physicians already backing this collaboration had prior experience volunteering in free clinics elsewhere, and they had appointments both within the residency program and

within the medical school which ensured both parties were represented. The GBCHC's extensive experience with onboarding new healthcare volunteers also significantly eased challenges with navigating routine items including credentialing, privileging, and liability insurance arrangements. We ultimately secured buy-in from Dean of OUWB, the chair of the ObGyn department, the ObGyn residency program director, and from the chief executive officer and executive director of GBCHC.

Emulating how OUWB's existing Family Medicine SRFC was structured, including being physically housed within the GBCHC facility, we determined that the needs of our patients were best balanced with the service capacity of our medical staff by making this a monthly clinic scheduled at a time not overlapping with other existing women's health services such as those through the GBCHC's remaining gynecology physician volunteers or through the Family Medicine SRFC.

Table 1. Patient care service lines

GBCHC-specific	SRFC-specific
Cardiology	-
Dentistry	-
Dermatology	Dermatology
Family Medicine	Family Medicine
Gynecology	Gynecology
Internal Medicine	-
Neurology	-
Ophthalmology	-
Optometry	-
Otolaryngology	-
Physical Medicine & Rehabilitation	-
Podiatry	-
Psychiatry	-
Pulmonology	-
Rheumatology	-
Sleep Medicine	-
Urology	-

GBCHC: Gary Burnstein Community Health Clinic; SRFC: student-run free clinic.

Gynecology Student-Run Free Clinic Operational Overview

Staffing structure

Each clinic mobilizes five examination teams consisting of five pairs of exam team members (M3 and M4) and shadows (M1 and M2). These teams are supported by Spanish translators (M1-M4) who work with a staff Spanish interpreter and also have access to a certified medical interpreter by phone through AMN Healthcare Language Services. Additionally, they are supported by pharmacy volunteers (M1 and M2) who worked with the GBCHC pharmacy team to support medication dispensation and completion of critical medication counseling services. Furthermore, the inclusion of two to three ObGyn residents in addition to one to two ObGyn attending physicians present for staffing effectively mirrors the setup of a medical education teaching clinic

Volunteer training structure

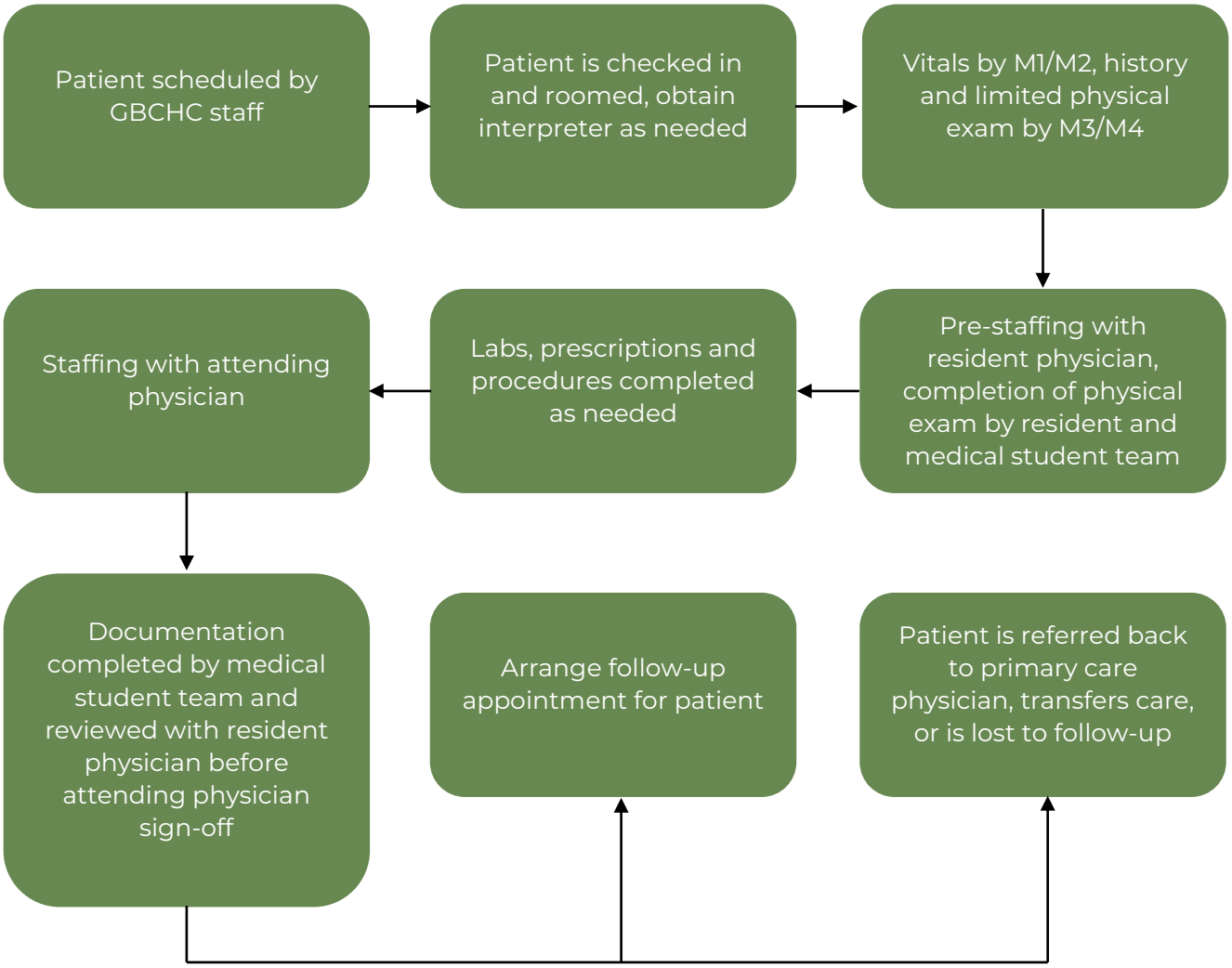
A call for medical student volunteers is issued by OUWB's SRFC leadership twice a year. Applicants primarily undergo a written application process as the demands of undergraduate medical curricula, the potential number of applicants to review, and the recurring need for facilitating volunteer onboarding make conducting interviews an impractical process for SRFC leadership. Applicants who are accepted as volunteers then complete a list of didactic prerequisites curated in collaboration with ObGyn resident and attending physicians and they are encouraged to attend clinical skill workshops before signing up for volunteering shifts.

Scheduling and workflow

Clinics are scheduled the evening of the third Tuesday of every month. Patients are scheduled in advance by GBCHC staff for 90-minute appointment slots, often via referrals from other GBCHC or SRFC specialties (Figure 1). While our SRFC initially saw 10 patients over two patient waves each clinic session, the clinic template now accommodates 12 patients per session due to GBCHC's increasing patient volume (Table 2). Students arrive an hour before the first wave of scheduled patients for orientation, clinic tour, chart review of assigned patients, and an educational briefing of a common gynecologic chief complaint.

When patients arrive, junior medical students (i.e. M1 and M2) assume medical assistant

Figure 1. Gynecology student-run free clinic workflow



GBCHC: Gary Burnstein Community Health Clinic; M#: undergraduate medical education training year #.

Table 2. Patient visits completed

Patient visits	2021	2022	2023
GBCHC			
All visits	1609	2401	2643
Gynecology clinic	87	126	132
SRFC			
All visits	65	129	225
Gynecology clinic	42	92	102

GBCHC: Gary Burnstein Community Health Clinic; SRFC: student-run free clinic.

responsibilities including rooming patients, obtaining vitals, reviewing chief complaints for their visits, and any other patient concerns. For patients requiring a Spanish medical interpreter, they are offered an in-person interpreter who is either a GBCHC staff member or medical student. Telephone-based certified medical interpreter services are also available if in-person interpreters are not available or if languages other than Spanish are needed. Junior medical students provide reports to senior medical students (i.e. M3 and M4) following initial triage, and then they

Table 3. Clinical orders placed

SRFC – gynecology orders	2021	2022	2023
Blood work (CBC, CMP, Lipid, TSH, Vit D)	22	23	28
Cervical or endometrial biopsy	0	1	1
FOBT	4	4	6
HCG	1	6	2
Mammogram	5	25	8
Pap smear	9	38	35
POCT (A1c, glucose)	14	24	7
Ultrasound	5	23	17
Urinalysis	5	9	8

SRFC: student-run free clinic; CBC: complete blood count; CMP: complete metabolic panel; TSH: thyroid stimulating hormone; Vit D: vitamin D; FOBT: fecal occult blood test; HCG: human chorionic gonadotropin; POCT: point-of-care testing.

interview the patient together, review history, and perform a limited physical exam.

The medical student team then presents their patient to a resident physician who returns with them to the patient's room to review any pertinent points discussed and complete the remainder of the physical exam, including a pelvic exam. They also collect any indicated lab work, perform procedures, and complete patient counseling (Table 3). Afterwards, the team presents to the attending physician for final sign-off. The team's resident physician subsequently guides medical students through completing documentation, and arranging patient follow-up appointments within SRFC or GBCHC service lines or to external organizations as needed, whilst providing them with both point-of-care teaching and detailed teaching about the patient encounter throughout this process, as appropriate.

Finally, at the conclusion of each clinic session, the SRFC leadership guides volunteers through a debrief session to identify key learning points, strengths of that clinic session, and points of improvement for next clinic session.

Patient follow-up and referrals

The GBCHC has a partnership with a local hospital (Trinity Health Oakland Hospital) to process lab work and to provide patients with access to routine imaging studies. These are provided either free-of-charge or billed to GBCHC at Medicare rates. Results of lab work, imaging studies, and pathology studies are then communicated to SRFC patients by GBCHC medical staff. They also perform patient counseling and arrange subsequent patient follow-up and referrals. Additionally, the GBCHC continues to leverage financial assistance programs through Trinity Health Oakland Hospital. This allows for expedited referrals to specialty services (e.g. hematology/oncology, nephrology, psychiatry, etc.) and procedures (e.g. colonoscopy, endoscopy, mammogram, etc.) outside the scope of the GBCHC clinic, and the hospital offers patients these services for free or at discounted prices pending review of individual patient circumstances (e.g. financial ability, social need, urgency of diagnoses, etc.). Unfortunately, undocumented individuals are often precluded from accessing many of these programs. Additionally, any patient diagnosed with a pregnancy gains Medicaid eligibility, and they are referred out to GBCHC network clinics to initiate prenatal care or, if desired, to pursue pregnancy termination.

Quality assurance

Our Gynecology SRFC adheres to the practice recommendations of the American College of Obstetricians and Gynecologists (ACOG) and leverages the thoroughness of a medical student team, the teaching and resources of resident physicians, and the experience of attending physicians. Given health disparities impacting this clinic's patient population, it is paramount they be provided with quality care in all realms, but especially areas pertaining to screenings, contraception, and vaccination.

<u>Screenings</u>

In addition to ACOG guidance, medical students routinely refer to resources through the Women's Preventative Services Initiative to identify any screenings patients already completed either through other GBCHC or SRFC specialties or at another healthcare facility.[39,40] Patients are counseled on any outstanding screenings, especially those requiring specimen collection, imaging, or procedure. Examples include pap smear, fecal occult blood test, mammogram, and computed-tomography lung scans. Referrals are then provided for any screenings or follow-up

diagnostics not able to be completed through GBCHC.

Contraception

Patient gynecologic histories, including contraceptive histories, are routinely reviewed during annual well-woman exams. They are also reviewed during visits for abnormal uterine bleeding, preconception counseling, fertility counseling visits, and other visits as needed. Discussions about initiating or changing contraception are predominantly guided by 1) patient goals with contraceptive use, 2) review of risks versus benefits based on the United States Medical Eligibility Criteria for Contraceptive use, and 3) contraceptives available within GBCHC's formulary.[41] At this time, patients can access various hormone-containing options including oral contraceptives, depot medroxyprogesterone, progesterone ring, and hormonal and non-hormonal intrauterine devices. However, because the formulary is predominantly comprised of donations, certain options such as particular formulations of oral contraceptive pills may not be consistently available whereas other options such as the etonorgestrel implant may not be available at all.

Vaccination

Recommendations for patient vaccinations are guided by ACOG and United States Center for Disease Control and Prevention guidelines.[42,43] Patient immunization histories are compiled through a combination of records within the Michigan Care Improvement Registry, GBCHC records, and patient personal records, and these are regularly reviewed at well-woman visits and at other visits as needed. Patients with missing vaccinations are counseled about completion as GBCHC maintains vaccines in accordance with the guidelines above other than human papilloma virus (HPV) vaccination. Patients desiring HPV vaccination or indicated vaccines that are not otherwise available are referred to the local county health department.

Addressing social determinants of health

Our SRFC's patients unfortunately also tend to be impacted by challenges related to SDOH. When patients first establish care at GBCHC, they complete a needs assessment adopted from the National Academy of Medicine's Accountable Health Communities screening tool to better characterize their need for additional resource assistance.[44] These may include food, utilities, housing or shelter, clothing, transportation, employment, education, child care, legal aid, and financial budgeting. Patients who screen positive are connected with a social worker and health navigator that will connect them to local resources.

Medical Student & Resident Physician Involvement and Leadership

OUWB SRFC's medical student leadership initially operated under the oversight of two co-directors a year. With continued growth of SRFC operations, now with a dermatology SRFC and an additional family medicine SRFC external to GBCHC at the time of this manuscript, its leadership model starting with the Class of 2026 transitioned to a longitudinal model of two co-directors who oversee all SRFCs and four clinic leads per class who report to the co-directors and are each assigned a specific specialty SRFC to oversee. Together, this team ensures the entirety of SRFC operations including but not limited to maintaining communications within OUWB and GBCHC, organizing volunteers, and facilitating quality control runs smoothly. They also collaborate with the ObGyn residency's appointed Resident Director to coordinate physician staffing where 2-3 resident physicians and 1-2 attending physicians will volunteer for each clinic session. Furthermore, medical student and resident physician leadership collaborate on design of medical student volunteer training sessions emphasizing approaches to obtaining a comprehensive gynecologic history, to distinguishing normal versus abnormal findings on pelvic exams, and to provide patients with counseling and management utilizing a shared decision-making framework.

Discussion

This SRFC serves as one of the main opportunities for OUWB medical students to acquire clinical experience during the first two years of undergraduate medical education training. There consistently is a waiting list of prospective

Table 4. Considerations for establishing a student-run free clinic

Logistical consideration	**Action plan**
Mission and Vision	Encourage students to take ownership of student-run free clinics being student-initiated, student-driven, and student-operated programs
Administrative Support	Employ volunteer faculty with broad expertise and practice methodologies that align with their respective specialty society's current practice recommendations
Staffing Support	Establish a volunteer recruitment system that prioritizes both consistency in volunteer volume and equity in access to volunteer opportunities
Location	Emphasize consistency and patient accessibility when considering potential location(s) for delivery of patient care services
Transportation	Explore partnerships with community resources to reduce transportation-related barriers to accessing care
Operational consideration	**Action plan**
Continuity of Care	Consider operating within existing infrastructure to increase likelihood of quick follow-up on patient questions, test results, scheduling needs, and more
Patient turnover	Create relatable, actionable, and readily accessible patient resources to reduce rates of patients lost to follow-up
Capital	Investigate sources of hard and soft capital support from entities such as institutional partners, local and regional health authorities, and organized medicine
Research	Conduct quality studies that emphasize the inclusion of underserved and uninsured patient populations and purpose findings to be generalizable to them
Community Outreach	Complete a community needs assessment and solicit collaboration and buy-in from the clinic's target patient population in formulating solutions

volunteers across all medical student training years despite continued increase in clinical capacity (Table 2). A survey of the SRFC's medical student volunteers found 70% intended to pursue training in primary care (Family Medicine, Internal Medicine, Obstetrics & Gynecology, and Pediatrics).[45] Also, 54% of third- and fourth-year medical student volunteer respondents felt the quality of clinical teaching at the SRFC was comparable to their clerkship rotations while 45% felt the quality of teaching at the SRFC was better than their clerkship rotations. Additionally, our students frequently expressed they would recommend colleagues take part in this experience, and they would refer similarly uninsured patients to the SRFC for care once they were in practice.[47,48]

This program continues to be well-received by our resident physician team members as well, many of whom previously volunteered with SRFCs prior to and/or during their medical school training. Those who assist with staffing the SRFC do so on a volunteer-basis, which emphasizes their commitment to women's health even outside of their significant professional responsibilities. They continue to convey feedback to leadership that this opportunity provides them with more time and latitude to teach medical students and to better individualize the educational experiences they might provide medical students with.

Community relations

The GBCHC staff and our SRFC also developed programs in response to patients' evolving needs. For instance, due to sustained requests for menstrual products, our SRFC partnered with OUWB's ObGyn department and the Detroit Chapter of the *I Support the Girls* organization to host annual menstrual product drives. Between 2023-2024 alone, we collected approximately 14,517 pads, 8,618 tampons, and 350 bladder support pads. These products are then distributed at every clinic and patients are free to take as much as they need. Also, in response to the persistent high rates of food insecurity within the clinic population, our SRFC collaborated with the GBCHC to pursue local grants and crowdfunding resulting in over $4000 for improvements to the GBCHC community garden. This contributed to over 63 pounds of produce being harvested in the 2022 growing season and almost 200 servings

distributed to patients. These are but a few examples of how SRFCs can spearhead responses to needs within our respective communities.

Lessons learned

The establishment of a successful SRFC can entail needing to simultaneously satisfy a multitude of initial pre-requisites (Table 4), some of which we previously described.[9,46,47] From there on, even clinics established with the strongest of foundations require continued investments of time, energy, and resources to ensure they remain relevant, functional, and effective.[48-50] This can be a challenging task for the everyday health professional student who decides to shoulder these responsibilities all the while continually endeavoring to balance furthering their professional development with tending to their personal needs and wellness.

In our experience, our SRFC benefitted from the foundations of our existing Family Medicine clinic upon which to further expand. However, one notable difference between our Gynecology SRFC and the Family Medicine SRFC is the presence of resident physicians in the former. As of this time, we have yet to identify a sustainable system that enables our resident physicians to simultaneously satisfy any elements of the minimum training requirements as set forth by the Accreditation Council for Graduate Medical Education through their SRFC volunteering. Similarly, while previous literature has demonstrated success with using SRFC volunteering to satisfy requirements for longitudinal electives in the undergraduate medical education system, there are much more limited demonstrations in the graduate medical education system in general.[24,51-53]

Future directions

Opportunities to further expand service

OUWB is comprised of a student body complement of approximately 500 medical students. Several allied health professional programs are also offered through OUWB. Given the current structure of OUWB's three SRFCs at GBCHC and a fourth SRFC external to GBCHC entail four clinic evenings a month, there is opportunity to explore integration of these experiences as part of the undergraduate medical education curriculum as longitudinal electives. In doing so, OUWB may simultaneously increase staffing for these SRFCs whilst providing volunteers with exposure in critical areas such as health equity and patient advocacy.

Research and quality improvement

Our SRFC previously conducted a survey assessing OUWB medical student volunteer attitudes about the educational value of our gynecology SRFC.[45] Aside from volunteer perceptions about the quality of instruction at the SRFC, it also emphasized their impressions that the quality of care delivered in the student-run free clinic setting seemed comparable to care provided in traditional care settings. This suggests a critical opportunity for SRFCs as part of the undergraduate medical education curriculum. While previous literature remains conflicting as to whether SRFC volunteering ultimately impacts medical student decisions to pursue primary care, it may be of interest to examine how specialty clinics such as our gynecology SRFC might impact medical student interest in pursuing ObGyn or versus other specialties.[3,54,55]

However, like many SRFCs, efforts at performing meaningful research are often limited by annual turnover of student leadership and ever growing responsibilities of medical students as they continue advancing in their training. This is mitigated somewhat with some SRFCs describing transitions to longitudinal leadership models where roles span the duration of undergraduate medical training and with potential reinvestment of skills accrued from extracurricular programs purposed towards further developing leadership skills.[56-58]

Additionally, SRFCs tend to serve an underserved and often vulnerable population.[59,60] Our patients often face complex social challenges, such as immigration status, economic insecurity, and employment instability, which can impact follow-up, adherence to treatment, and other health outcomes.[61] Thus, attempts at meaningful studies, particularly those that might generate high-level evidence, are likely to be frustrated by these and potentially handicap research from identifying robust, generalizable, and clinically-significant conclusions. This similarly raises uncertainty around how well-represented

uninsured and undocumented patient populations are in landmark studies that continue to influence standards-of-care.

It would be of great interest for future studies to continue exploring creative means of optimizing existing community resources to connect patients with otherwise inaccessible care modalities . It would similarly be of interest to see how outcomes for these individuals compare to those who receive the current standard-of-care and spark discussions as to what impact this might have on how we continue to spend in healthcare, how we continue to practice medicine, and how we continue to teach the next generation.

Finally, there are opportunities within the SRFC arena for developing interdisciplinary mentorship and for nurturing academic inquiry and writing. For many health professional students, SRFCs provide not only early access to patient care opportunities but also opportunities engaging in scholarly activity. We anticipate these will contribute to better publicity of achievements made in this arena, and also contribute to greater academic publishing in all professions afterwards.

Strengths

Some strengths of this SRFC include the constant physical location of the clinic, ease of accessibility, and the consistency in breadth of services provided each session. Our SRFC also boasts a strong, consistent resident physician presence as an integral and routine part of the SRFC's workflow. In addition to expanded opportunities to work with medical students across all training levels, volunteering at the SRFC also provides residents with opportunities to hone their skills as medical educators and to care for patients with advanced pathologies. This is consistent with findings reported by other residents who similarly volunteered in free clinics.[24,25,62]

Challenges

The SRFC continues to contend with several operational challenges. The GBCHC's funding mechanisms currently preclude it from purchasing HPV vaccination due to the vaccine's classification as a pediatric vaccine. As a result, SRFC patients must allocate time and resources to visit their local county health department office or risk missing a key measure in prevention of cervical and oropharyngeal cancers. Another challenge is patient continuity of contraceptive use which is impacted by shifts in GBCHC's pharmacy inventory. Partnerships with industry charity programs may confer access to certain contraceptive medications or devices though duration and extent of these programs tend to remain points of uncertainty themselves. Additionally, the SRFC lacks a pipeline for accessing certain diagnostic test modalities or procedures that require more than topical or local anesthesia. SRFC leadership should continue reappraising the literature to identify evidence-based means of narrowing the gap in access between uninsured and insured patients.

The SRFC also continues to grapple with ongoing logistical hurdles. First, maintaining access to existing specialties and expanding access to specialties not represented by GBCHC healthcare volunteers, such as those who support the SRFCs, is largely determined by availability and interest of these volunteers. Optimizing alignment of their values with the GBCHC's mission is key and requires continued reappraisal. Next, the GBCHC has a limited number of certified medical interpreters on staff to support SRFC operations, and costs with utilizing subscription-based certified medical interpreter programs and with certifying additional staff and volunteers can significantly impact already-limited free clinic budgets. A potential solution is collaboration with community stakeholders to establish a free or limited-cost medical interpreter certification program that meets or exceeds national standards. Finally, a number of GBCHC patients rely on public transportation to attend appointments, and the network servicing the greater area surrounding the GBCHC is limited. Continued reassessment of opportunities for strengthening public transportation service lines and identifying value in emerging resources that may provide sustainable and safe non-emergency medical transportation services.

Conclusion

A gynecology SRFC is uniquely positioned to critically expand access to women's health services, and the establishment of a joint medical

student and resident physician endeavor further enriches both the educational and patient-care experience. It would be of great interest for SRFCs to further explore opportunities for similarly integrating graduate medical education trainees into their workflows.

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