



Imani Clinic
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Imani Clinic

2004: The Year in Review prepared by Harras Zaid

As we near the end of the 2004 calendar year, I thought it would be helpful to do a brief retrospective analysis of what our Imani Clinic has accomplished this year and to analyze the challenges awaiting us in 2005. 2004 was a particularly important year, as it marked Imani's 10th birthday: the brainchild of UC Davis Medical students and the Student National Medical Association (SNMA), Imani had undoubtedly come a long way during the past decade but, needless to say, while we have experienced many successes, challenges still exist and, like anything else in life, there is much room for improvement. **Nonetheless, Imani has had a spectacularly good year, and we owe this success largely to our amazing preceptors: you keep our doors open; you supervise all our tasks; you mentor and guide us; you so graciously give back to the community while promoting the utmost ideals of compassion and dedication in medicine.**

Thank you,

Harras Zaid (hbzaid@ucdavis.edu)

Preceptor Coordinator

Bryan Lee, MSII (bklee@ucdavis.edu); Marina Rasnow-Hill, MSII (merasnowhill@ucdavis.edu); and Shelley Wheeler, MSII (sjwheeler@ucdavis.edu)

2003-2004 Co-Directors

Preceptors: At the Heart of Imani

As one of several student-run clinics at the University of California, Davis, School of Medicine, Imani Clinic plays a pivotal role in the Oak Park Community as the first and sometimes only avenue of healthcare access for many individuals who would otherwise be unable to afford such services.

Only three years ago, Imani was closed approximately 30% to 40% of the time due to a lack of scheduled preceptors. Without volunteer physicians, Imani Clinic cannot operate; if Imani Clinic does not operate, many do not receive much-needed healthcare, and this reflects quite poorly on Imani Clinic's perception in the community we serve.

However, since 2002, Imani Clinic has **never** closed due to a lack of preceptor staffing. We have come a long way to keep our doors open, and you—the preceptors—are to thank!

This year, most Saturday clinics (~67%) were staffed by only one preceptor, but some (~33%) were staffed by two to three preceptors. With increased preceptor recruitment, however, I hope that most Saturdays in the future can be supervised by more than one physician, as this leads

to better flow and increases our ability to see more patients while enhancing the teaching atmosphere of clinic.

Below are the goals of our Preceptor Committee, which is staffed by several Imani undergraduate volunteers:

- ❖ we need not only to expand our preceptor pool, but also to retain our current preceptors
 - actively seek out the opinions of preceptors each Saturday at clinic to identify any problems (or any positive comments) about the day's operation
 - make sure that our current preceptors really feel the appreciation we have for their dedication by sending out thank-you cards and appreciation letters
 - organize preceptor appreciation events (such as banquet gifts)
- ❖ we should to try to actively recruit eligible residents—and family nurse practitioners—from the UC Davis Medical center in Sacramento and from other clinics in the Northern California region
 - we should present the concept of Imani Clinic at various physician gatherings in the Sacramento region and use our website, www.imaniclinic.com, to promote our cause
- ❖ we need to carefully plan preceptor dates, and ensure that all Saturdays are, indeed, covered (while keeping in mind the busy schedules of all our preceptors)

Please let me know of any recommendations on how this committee's goals/tasks can be changes to increase our efficacy in helping you and in recruiting new physicians.

One concern that has been raised by several preceptors is the sometimes-patchy attendance of medical students at clinic. Unfortunately, especially during midterm and final weeks, fewer than expected medical students have been actually coming to clinic, and the preceptors often end up seeing many of the patients by themselves. This is an important issue, and I have raised it to the medical co-directors and the board. We are, after all, a student-run clinic dedicated to expanding healthcare opportunities and to teaching future generations of empathetic community physicians.

New Preceptor Coordinator and New Co-directors

Because I will be graduating in June 2005 and starting medical school in the fall, the Imani Clinic board will be interviewing candidates for the preceptor coordinator position:

Monday, January 10

7:00 PM

Tupper Hall (at the UC Davis School of Medicine)

All of you are welcomed to attend as we choose the new preceptor coordinator—just e-mail me and I will send you the details!

Furthermore, for those physicians precepting in January and February, **please keep your eyes open for exceptional first year medical students who could potentially be new co-directors.** Our current co-directors (Bryan, Marina, and Shelley) will be leaving in early March, so we need to be thinking about new leaders! It's so hard to say "good-bye," but we must keep the future in mind too.

Money Issues: Medications, Grants, and Fundraising

For Imani, one of the greatest financial burdens has been funding the prescription medications our patients so desperately need. While Imani has been able to acquire money for outreach and community events, grants that fund prescription medications are quite rare. Apparently, many agencies do not want to attach themselves to the political liabilities of dispensing medications. To help reduce costs incurred by pharmacy bills for prescriptions filled at our clinic, we have agreed that the following steps are necessary:

- we (the undergraduate and medical student volunteers) must look carefully to see if any of the patients being seen at Imani are covered by Medi-Cal, Medi-Caid, or any private insurance; these individuals can fill their prescription drugs using their current healthcare plans rather than relying on us
- **if possible, prescriptions should not be issued for multiple refills** (unless necessary)
- more aggressive fundraising is essential

Looking at the lattermost point in particular, our fundraising director Rocky Samuel (pasamuel@ucdavis.edu) has done an admirable job in a variety of fundraising efforts. For example, during this summer, he organized several car wash events at the Dixon and Woodland WalMarts that rose close to a thousand dollars. **Watch out for several other fundraisers in 2005: the AMSA Auction in January or February and the AMSA Heartbeat Run in April. All major fundraising events will be posted on www.imaniclinic.com, and I will make better attempts to notify all our preceptors via e-mail as well.**

Our co-directors, furthermore, will try to seek out and apply to those rare grants that do cover drug costs. In addition, we have looked into plugging some of our chronic patients (i.e., diabetics and hypertensives) into free drug plans offered by pharmaceutical companies. **Please let me know if you have any experience with such drug programs because we have had trouble getting this idea off the ground.**

The managing board has also contemplated holding a large-scale fundraising banquet in the spring where we would invite local businesses, politicians, and interests groups to attend and donate money (this banquet event would be separate from the event we hold in May to thank all

our volunteers—please keep your eyes open for both events in the spring). Another student-run clinic had huge success in a similar endeavor, and we hope to mirror their luck.

We never want monetary restrictions to limit our ability to effectively and compassionately treat our patients! **If you have any questions, concerns, or recommendations regarding fundraising or expanding prescription drug availability, please contact me.**

Patient Demographics and Spanish Translators

Imani Clinic sees a widely diverse array of patients who present with many different chief complaints. As you know, however, the majority of our patients are Spanish-speaking immigrants. Most Saturdays, we regularly do outreach in the Oak Park neighborhood to inform surrounding African American populations of our services. While we have seen modest increases in the number of African American patients coming to clinic, the majority of our patients are still Spanish speaking only. Overall, demand for our services has increased noticeably especially during the past year.

With such a large population base of monolingual patients, our clinic is highly dependent upon the skills of our translators. A couple of years ago, we unfortunately only had several (on each Saturday, therefore, only one or two translators were present and, needless to say, were stretched thin). Several recent outreach events on the main UC Davis campus have led to the recruitment of many more translators: nowadays, we are well-staffed in this realm.

Outreach Events

Imani Clinic is far more than a healthcare provider alone: it is also a vibrant participant in neighboring Oak Park. Our Community Outreach Coordinator Stacy Dickinson (sdickinson@ucdavis.edu) has arranged, for example, health screenings at local churches and other outreach events to promote Imani. Furthermore, SNMA, Imani's parent organization, plans to host a high school outreach event at the UC Davis medical school early next year to encourage more minorities to enter the health profession. More information about Imani's wide array of outreach projects can be found at our website.

www.imaniclinic.com

Hopefully by now, you all have visited our website (www.imaniclinic.com) which has been up and running for one year. The website is already used widely by undergraduates applying to volunteer at Imani (interested students must visit the website to download and submit the application); first year medical students, furthermore, are encouraged to read about Imani and our history before coming to clinic. Indeed, it is always nice to know where you are going before leaving home!

In the future, however, we want to employ the website not only to attract medical student and undergraduate volunteers, but also to draw the attention of potential preceptor volunteers and community donors. Especially nowadays, any organization must be willing and able to use technology such as the internet to advance its cause.

I am always changing the website to try to make it a better, more effective, and eye-catching recruitment tool. **If you have ANY suggestions to improve www.imaniclinic.com, please contact me. I truly value your feedback and hope that I can do everything possible to make this website successful.**

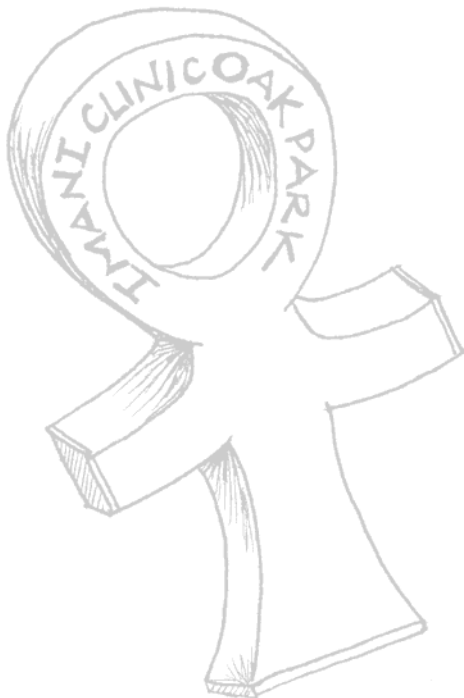
Most Importantly...

Thank you all for everything and warm wishes for a safe and joy-filled holiday season!

Dr. James Abshire
Dr. Ruenelle Adans
Dr. Amerish Bera
Dr. Janine Bera
Dr. Carl Bourne
Dr. Deborah Chong
Dr. Andrea Ciaranello
Dr. Donna DeFreitas
Dr. William Douglas
Dr. Chuck Espy, IV
Dr. Tonya Fancher
Dr. Neil Flynn
Dr. Lynette Francis
Dr. Christopher Haas



Dr. Monique Hanible
Dr. Michael Hawkins
Dr. Candace Lawson
Dr. Darin Latimore
Dr. Tony Lichwa
Dr. Jean Makris
Dr. Aminah Najieb
Dr. Rosalin Pierce
Dr. Jenny Raphael
Dr. Christopher Smith
Dr. Barbara Smith-Nash
Dr. Jason Spears
Dr. Karen Webster
Dr. LaDonna White



Imani Clinic 2004: Healing Begins With Faith

