At IMAGINE, a clinic organized and run by U of T students, multidisciplinary teams provide medical care to patients who would otherwise go without.

The life of someone studying in a medical field is a busy one, but for a group of University of Toronto students, even the hectic schedule does not stop them from taking on an extra project. They are volunteers at a clinic called IMAGINE, an acronym for Interprofessional Medical and Allied Groups for Improving Neighbourhood Environments, which runs out of the Queen West Community Health Centre (168 Bathurst Street) on Saturdays. Patients do not need a health card or identification to be seen. Most who come through their doors are homeless or are new immigrants.

The clinic is organized and run by students who see patients under the supervision of a professional in their field. Neither the students nor their preceptors get paid for their hours. They do not accumulate any school credit. But for them, the experience is worth it.
“We’re serving people. We’re serving the population that needs it most. And we’re potentially changing people’s lives and allowing them to get even that first point of access into their lives and seeing what can be changed,” explains Yick Kan Cheung, a 23-year-old student of social work who is one of IMAGINE’s current co-directors.

That was one of the key goals when IMAGINE was originally discussed in May 2007. Sagar Dugani, a student in the University of Toronto’s MD-PhD program, came up with the idea. “I realized we didn’t have a lot of programs directed to the health care needs of marginalized populations in Toronto,” Dugani says.

So he, with some others, began exploring how to create a clinic that brought together undergraduate students in different disciplines, in order to provide medical care to those who might struggle to access it otherwise.

Dugani was just about to turn 27 years old at the time and a year and a half into the MD-PhD program at U of T.

“It was very busy for a lot of students involved in this project, but I think the great thing was that everybody realized this was a unique project to bring together in a very collaborative way a lot of different faculties and nobody wanted to lose this opportunity,” Dugani says. “There was a very strong
sense that this should happen, and I think that everybody worked very hard over the last couple of years to make sure it happened.”

Students began by running health care workshops out of St. Christopher House in the fall of 2008, learning about the health and social issues that were of interest to the people they wanted to reach. They approached different faculties to gauge their interest in and support for a student-run clinic. They secured a space to see patients, at the Queen West Community Health Centre.

The clinic was finally ready to see its first patients in October 2010. Dugani describes that first day as an exciting one.

“There was a lot of good care provided to the patients. All of their needs were addressed. And we had several patients that day. I think around five to seven patients on the first day of the clinic,” he says. “So everyone was very excited that what we had planned over the last two to three years eventually came to fruition.”

The clinic has continued to run ever since, with a break during the summer months. Dugani, who worked as the co-director during the first year of operation, says there has never been a shortage of volunteers.
Each week, the clinic is staffed by four students. There is one medical student, one nursing student, one pharmacy student, and one from social work. In addition, four preceptors—one from each discipline—are present to supervise them.

This aligns with another key goal of IMAGINE: to give students opportunities to work in an interprofessional setting. “The future of health care is [...] not just a doctor seeing a patient, but it’s going to be a team,” says Enoch Ng, IMAGINE’s current co-director and a 24-year-old student in the MD-PhD program. “But the truth is when we’re educated, we’re still pretty much in silos. We don’t see each other all that much, especially when it comes to seeing a client in the clinic. So IMAGINE is really a way where students while they’re being trained can actually work together and provide clinical care in a team-based environment.”

IMAGINE hopes to expand the range of services they can offer, including adding other volunteers from disciplines such as physiotherapy or dentistry.

“How often do you go into a clinic and you get to see a nurse, a doctor, a physiotherapist, a social worker, and a pharmacist?” asks Shawna Ardley, a nurse with Toronto Public Health who volunteers as a preceptor for IMAGINE.

It also offers opportunities for in-depth consultations that are not typically available in other health care settings. “So when you do come here when only a few people are here, it’s kind of a luxury to spend that much
time with a client and slather them with resources and knowledge,“ Ardley explains. “So that doesn’t really represent the real world at all.”

IMAGINE is also appealing for students in programs where the curriculum does not include a lot of real patient contact. “In pharmacy school we don’t really get that much exposure to clinical setting, so in terms of applying our knowledge it is very limited,” says Ken Dong, a fourth year pharmacy student. “We’re taught theoretical concepts and given case studies to learn from. But in terms of speaking to actual patients and providing clinical care as students, the faculty of our education doesn’t provide for that.”

Even during weeks when few people come through the doors, the students still say there are lots of learning opportunities. Amil Riaz, a second year social work student, says he learned a great deal in his three weeks at the clinic, even though the patient volume averaged two per day.

“[There is] big, big value, because you get to learn from other students and other preceptors,” he says.

Consultations with the patients are typically reviewed in a group setting. “You’re always bringing what you learn back to the team and then we discuss it as a team. And we really do a lot of debriefing with each other about how each respective health care professional can add to this,” Ardley says. “So it’s really just a huge discussion that we get to do behind the scenes and hoping that the client goes away with a clear direction and a clear focus of things they should follow up on next and how we can help them do that.”

The clinic’s setup gives the students the chance to see the benefits of an interdisciplinary practice first hand, “to actually get a better feel for how they can take full advantage of everybody’s resources to be able to provide a higher level of care than what we might be able to do individually,” says Mahmoud Suleiman, a volunteer pharmacy preceptor. Four minds, he says, are better than one.

The big team does require some special considerations. “It can be overwhelming for the client to see 10 different people in two hours—and then also to be here for two and a half hours,” Riaz says. “But at the same time, it is a learning place for students [...] so I think it’s important to recognize that it might take a little more time because of that.”

It’s a concern echoed by one of Riaz’s preceptors, social worker Greg Mann, a first-time volunteer at the clinic. “It’s a little tricky insofar that the patient is here for a few hours and they’ve got a revolving door of different faces coming in. So part of the trick is to avoid redundancy and maintain that sort of therapeutic rapport while at the same time realizing that it is easy to overwhelm the patient.”

Riaz says the biggest thing he learned during his time at the clinic was to first find out where the patient is at and work up from there. Sometimes, he describes, for the social workers that means going in and beginning by just asking how the person is doing.

Students may or may not see the patients with their preceptor. Sometimes, Ardley says, she would just be an unnecessary presence in the room, in situations where the student is comfortable enough to do the assessment alone. However, the preceptors are always on site to help consult as needed.
When it comes to the running of the clinic, Cheung and Ng say they are always looking for ways to improve. One of the big benefits of the student-run set up, Ng says, is that they can be very dynamic and can make changes quickly. “We see something that can be improved and we can do it right the next week.”

Cheung and Ng’s goal is to continue to grow the clinic, expanding the services they can offer and one day branching out to more than one location. Cheung says they also hope to apply for more grants in the future to help with funding. Currently, the clinic receives donations from various sources, a lot of them different student bodies or organizations, as well as some corporate sponsors. This pays for the receptionist and a security staffer every week, as well as cleaning fees for the clinic and reimbursement for supplies and medication.

Ng notes that IMAGINE helps students connect with the initial vision that brought them to a medical field. “That can sort of get lost sometimes when you get into school,” he says. “When we all write our essays in the beginning—why do you want to be a nurse or a social worker or a doctor? It’s like, I want to help people and change the world and all that sort of stuff. But when you get into it and you have essays and to write and tons of notes, piles of notes to learn, that can sort of get lost.”

Cheung adds that it is an eye-opening experience and one that he hopes students walk away from feeling differently. It’s about “allowing students to really see what exactly is going on in the lives of these [patients],” he says.

“Allowing them to change their perspective, to recognize that they are people as well. They go through the same kind of issues. They have diabetes as well, they have allergies, they are lactose intolerant. They are people.”