

Global Examination of Student-Run Dermatology Clinics: A Scoping Review

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1. Global Health Collaboration Project 2. Mayo Clinic

Introduction

Access to dermatologic care remains limited for underserved populations worldwide, with barriers to care including cost, transportation, and availability of providers.^{2,4} Student-run-clinics (SRCs) have emerged as a valuable model for expanding access to dermatologic care while providing early clinical exposure for medical students.^{2,4} While SRCs are increasingly involved in dermatologic outreach, there is limited consolidated data on the services they provide, the populations they serve, and their impact on medical education. This scoping review examines the global use of these clinics by mapping the types of services offered, delivery methods, regional differences, patient populations, and reported educational outcomes. By synthesizing these findings, the review highlights current models, regional variation, and key gaps to inform future program development.

Methods

A scoping review was conducted to examine literature on SRCs offering dermatologic care using the following query: ('student run clinic'/exp OR 'student run clinic') AND ('dermatology'). Various countries were included in the search terms. Searches were performed across PubMed, Scopus, Embase, Cochrane Library from database inception to June 2025. Eligible studies focused on student-run or medical school-affiliated clinics providing dermatologic services in the United States (USA) or internationally. Studies were included if they examined dermatologic conditions treated, service delivery modalities, or educational outcomes for students. Articles were excluded if they focused on private or government-run clinics, non-dermatologic services, pediatric populations, or were published in languages other than English or Spanish. After screening, 6 articles met inclusion criteria. Data was thematically and narratively mapped by geographic region, clinical services provided, care delivery modality, patient populations served and reported impacts on medical student education.

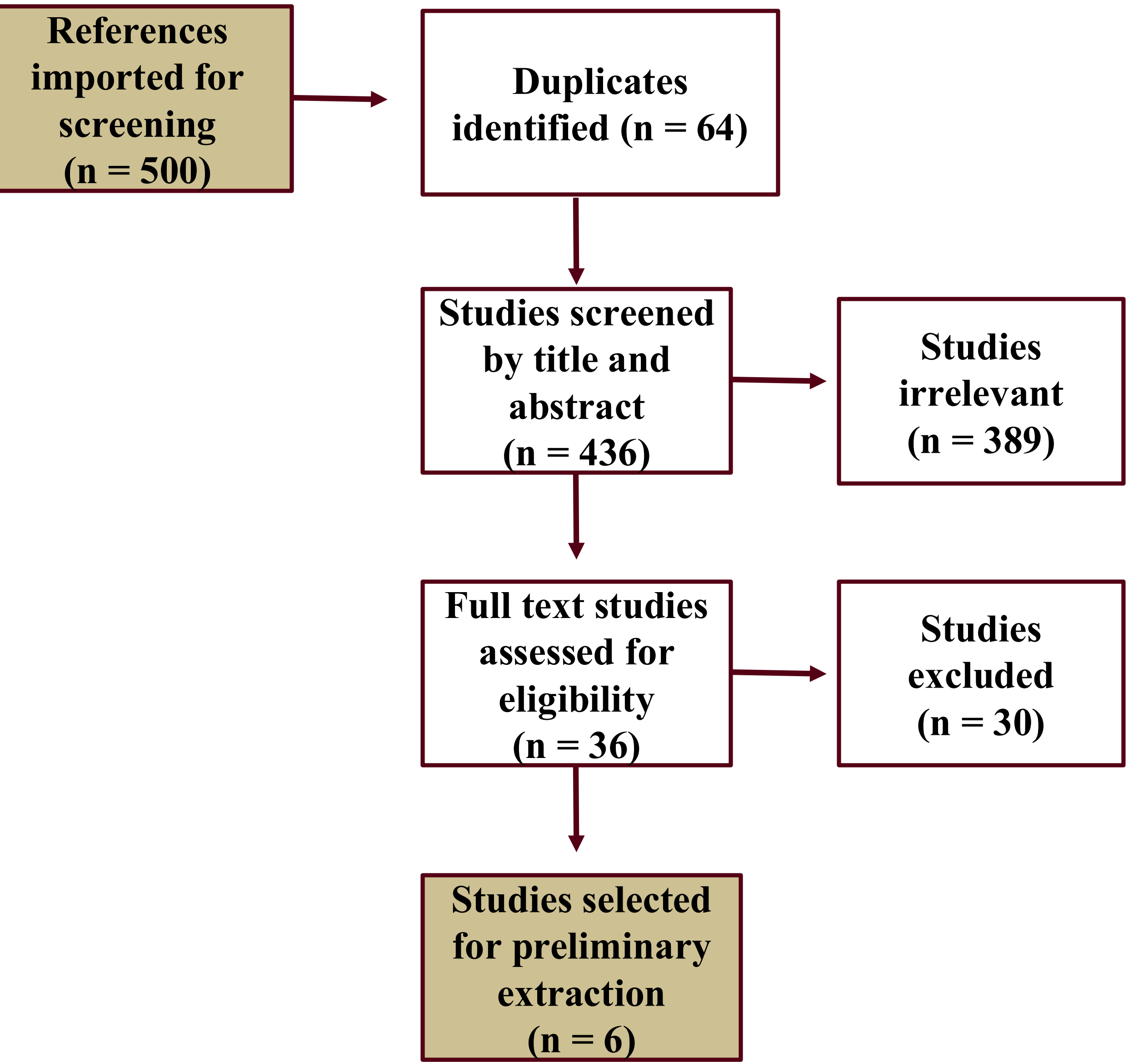


Figure 1: PRISMA flow chart for scoping review illustrating selection process

Results

Region	Country	Clinic Name	Clinic Frequency	Population Served	Year of Student Providers	Supervision	Education Impact	Theme
Africa	South Africa ⁴	Trinity Health Services (Wits)	Biweekly acute	Homeless, immigrants, urban poor	All medical school years	Yes	High-value care application, team learning	Access to Underserved Populations; Cost-conscious/Low-Resource Design; Global Models and Innovation
Indo-Pacific	Australia ¹	REACH Clinic	4-week pilot	Underserved, low SES, refugees, immigrants, homeless	Final-year medical students	Yes	Interprofessional collaboration, triage experience	Student Education & Training; Faculty Supervision and Mentorship; Global Models and Innovation
North America	USA ⁶	Cardinal Free Clinics (Stanford)	Monthly	Low-income, insured, immigrant	Medical students, unspecified	Yes	Hands-on derm exposure, team-based care	Access to Underserved Populations; Student Education & Training; Faculty Supervision and Mentorship
	USA ³	Equal Access Clinic	Monthly	Uninsured (87.4%), elderly	Not Specified	Yes (PCP)	Not reported	Access to Underserved Populations
	USA ⁷	[Not Reported]	One-time outreach	Homeless (70%), Medicaid or uninsured (76%)	Creighton medical students	Yes	Not reported	Mobile & Community Outreach; Access to Underserved Populations
	USA ⁸	IDEA Miami syringe services program (SSP)	Ongoing SPP clinic, patient visited 2 times	Substance use disorder individuals, People who use drugs (PWUD), homeless	Not Specified	Not Specified	Wound management practice	Access to Underserved Populations

Table 1. Overview of included studies on global student-run dermatology clinics, highlighting population served, educational impact and theme by region.



Figure 2: In red are countries identified by our scoping review as implementing student-run dermatology clinics.

Discussion

Student-run dermatology clinics have emerged as innovative responses to care gaps among underserved populations. We identified most dermatology SRCs are based in the USA,^{3,6-8} however international SRCs are also seen to expand access and improve student education. In South Africa, Trinity Health Services established a biweekly, student-run primary care clinic serving unhoused and immigrant patients in inner-city Johannesburg. The model emphasizes sustainability through volunteerism, charitable donations, and faculty involvement, with dermatologic care offered as part of an integrated primary care framework.⁴

In Australia, the REACH clinic in Melbourne implemented a 4 week pilot led by final-year medical students, offering dermatologic triage and treatment under interprofessional supervision. This model provided improved access of care to patients, while providing students a structured, team-based learning environment.¹

Interestingly, teledermatology and mobile outreach did not appear within our dataset. The use of these tools may be underreported in the literature; however access to these tools may enhance student education while working with underserved communities.

Participation in SRCs has been shown to improve students' dermatologic knowledge, diagnostic accuracy, and confidence in managing skin diseases, particularly through hands-on screening events and teledermatology initiatives that serve underserved communities.^{2,4} These experiences also foster greater awareness of health disparities and cultural competence, aligning educational outcomes with community health needs and preparing students for real-world practice.^{2,4}

However, evaluation of educational outcomes in these settings varies. While some USA-based clinics report improved student confidence and patient satisfaction,^{6,8} few studies assess long-term impacts or standardize outcome measures.

Conclusion

Student-run dermatology clinics play a vital role in addressing disparities in healthcare for underserved populations, while providing impactful, hands-on educational experiences for medical students. This scoping review highlights how these clinics, most commonly in the USA but also internationally, deliver dermatologic care through diverse, community-based models, fostering clinical skills and cultural competence in medical students. Despite these benefits, gaps still remain in standardized evaluation and reporting, specifically regarding teledermatology and long-term educational outcomes. Expanding the presence of SRCs could enhance both community health access and the quality of dermatologic training in medical education.

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