

A Case Report of a Student-Led Pro Bono Clinic: A Proposed Model for Meeting Student and Community Needs in a Sustainable Manner

Kerstin M. Palombaro, Robin L. Dole, Jill Black Lattanzi

Background and Purpose. The Chester Community Physical Therapy Clinic (clinic) is a student-led pro bono clinic that provides physical therapy services to uninsured and underinsured community members. The purposes of this administrative case report are to describe the creation and implementation of a student-led pro bono clinic model designed to meet student and community needs and to consider its potential for sustainability.

Case Description. Students and faculty created an organizational model with a Student Board at the center of clinic leadership. A Faculty Board provides oversight to the Student Board. State-licensed faculty and alumni provide the direct supervision of the treating student physical therapists. Evaluation of our clinic model was performed using strategies for the creation of sustainable community engagement initiatives.

Outcomes. This model of a student-led pro bono clinic has elements of all 8 steps to sustainable community engagement. The model of a student-led pro bono clinic is feasible and sustainable.

Discussion. A student-led pro bono clinic serving the physical therapy needs of the uninsured and underinsured residents in an urban community presents an innovative educational and leadership development opportunity for students and alumni as well as partnership opportunities with the community.

K.M. Palombaro, PT, PhD, CAPS, Institute for Physical Therapy Education, Widener University, One University Place, Chester, PA 19013 (USA). Address all correspondence to Dr Palombaro at: kpalombaro@mail.widener.edu.

R.L. Dole, PT, DPT, EdD, PCS, Institute for Physical Therapy Education, Widener University.

J.B. Lattanzi, PT, DPT, EdD, Institute for Physical Therapy Education, Widener University.

[Palombaro KM, Dole RL, Lattanzi JB. A case report of a student-led pro bono clinic: a proposed model for meeting student and community needs in a sustainable manner. *Phys Ther.* 2011;91:xxx-xxx.]

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Published Ahead of Print: XXX
Accepted: June 19, 2011
Submitted: December 26, 2010



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Community engagement entails a reciprocal partnership between the educational institution and the community. Community engagement, when carefully planned and executed, provides educational opportunities for students while working in collaboration with community partners. The Carnegie definition of *community engagement* is “the collaboration between institutions of higher education and their larger communities (local, regional/state, national, global) for the mutually beneficial exchange of knowledge and resources in the context of partnership and reciprocity.”^{1(p39)} Creating high-quality programming is necessary for community engagement initiatives to be successful.^{2,3} One community engagement opportunity that Widener University’s Institute of Physical Therapy Education sought to launch was a pro bono physical therapy clinic that would meet the needs of uninsured and underinsured clients, while simultaneously providing educational and leadership development opportunities for Doctor of Physical Therapy students.

Creation of a pro bono physical therapy clinic also would provide the university’s physical therapist students with the opportunity to foster American Physical Therapy Association (APTA) core values, particularly compassion and caring, social responsibility, and altruism, as they participate in an opportunity to serve the local community.⁴ With an estimated 46.6 million uninsured people living in the United States,⁵ physical therapist students and society will benefit from an increased awareness and attention to the challenges of practicing physical therapy in the current health care climate. Research that examines students who have participated in pro bono physical therapy service-learning opportunities indicates that these experiences enhance students’ con-

Table 1. Comparison of Chester, Delaware County, and Pennsylvania Demographics⁹

Variable	Chester	Delaware County	Pennsylvania
Median income	\$25,703	\$64,688	\$50,702
Percentage below poverty level	27.2%	9.1%	12.1%
College graduate	8.5%	30.0%	22.4%
Home ownership rate	47.7%	71.9%	71.3%
African American	75.7%	18.6%	10.9%
Caucasian	18.9%	75.4%	85.2%
Latino	5.4%	2.5%	5.1%

fidence in patient care skills and communication, opportunities for practice outside of the traditional clinical rotations, clinical decision-making skills, and multicultural awareness.^{6,7} The creation of this clinic would enable the physical therapist students to practice and develop hands-on physical therapy skills, perform medical screening services, serve as health care advocates in a culturally competent manner, and develop leadership and administrative skills. The clinic’s emphasis on providing physical therapy services for uninsured and underinsured clients as well as its programs to promote community health and wellness would afford the physical therapist students an opportunity to appreciate their potential to contribute to society through their future physical therapist practices.

The purposes of this case report are to describe the creation and implementation of a student-led pro bono clinic model designed to meet student and community needs and to consider its potential for sustainability.

Case Description: Target Setting

Widener University is located in the city of Chester, in close proximity to Philadelphia, Pennsylvania. Students in the Widener University Institute for Physical Therapy Education had previously participated in the Mercy Clinic for the Uninsured in west Phil-

adelphia.⁸ West Philadelphia is 50 minutes away, has a population similar to that of Chester,⁹ and faces the same socioeconomic challenges. Students reported appreciating the opportunity to meet a community need and questioned why the physical therapist program was not operating a pro bono clinic to serve the needs of the local Chester community (Tab. 1).

The low socioeconomic status of Chester residents bears heavily upon their overall health. Low socioeconomic status predicts uninsured status,¹⁰ which in turn affects residents’ ability to access the necessary services within the health care system and receive appropriate care. People of uninsured status often lack access to preventative and wellness screening, are sicker at diagnosis, and have poorer health outcomes than insured people.¹¹ Chester residents have poor nutrition and exercise habits and experience a variety of comorbidities such as obesity, diabetes, and cardiovascular disease.¹⁰

A needs assessment conducted with the major local hospital network revealed that approximately 25% of patients within their system were uninsured or underinsured (Gwen Smith; personal communication; October 2, 2008). A survey of local physical therapy clinics revealed that clients were sometimes discharged prematurely due to limits on health

care coverage and sometimes served as pro bono clients on a limited basis.

From the perspective of the community, the pro bono clinic would fill a need for physical therapy services for members without insurance or with exhausted benefits. From the perspective of the local physical therapy clinics, a pro bono clinic would unburden those who carry uninsured patient caseloads and would provide a place to refer clients who have reached their insurance limit on physical therapy services. Furthermore, a pro bono clinic would provide a center for health and wellness education and screening for community residents.

From the perspective of the physical therapist student, the benefits of a pro bono clinic are many. The first benefit is the ability to practice and hone skills learned in the program. The clinic can provide meaningful experiences for students in all phases of the curriculum to practice their skills with real patients in an authentic environment. A second benefit is that students could develop communication strategies to build rapport with patients from various backgrounds and across the life span. A third benefit is that students would receive feedback from supervising therapists on their documentation, practical skills, and decision making. Mentorship such as this is identified as critical in the first year of practice¹² and thus could facilitate the students' growth as novice clinicians. Finally, a clinic could serve as an experience that fosters the development of professionalism and altruism.

Development of the Process

The challenge was to create a clinic that would be able to sustainably serve the uninsured and underinsured residents of Chester. Con-

cerns arose regarding the ability to staff the clinic with physical therapist students and supervising physical therapists, the burden of time the clinic might place on program faculty, and maintaining enough funding to operate the clinic. Without creating and communicating a plan for long-term continuation of the clinic, the focus would be on "doing good" in the short term versus "doing no harm" if the clinic was not sustainable.^{13,14} Failure to consistently operate the clinic could harm the relationships the program had built within the community.

Some of the sustainability concerns were alleviated when 2 faculty members, along with 2 students, attended a student-run conference about student-run clinics.¹⁵ The attendees were exposed to various models of student-run clinics around the country. Many were interdisciplinary and chiefly operated by medical students; others were physical therapy clinics. The model that was created after this conference made student leadership central to clinic operations. Although many models of pro bono clinics exist, including physical therapy faculty practices and physical therapy clinics run by hospital systems,⁸ the student-run model best matched our program resources, university and program missions, and the local community. The students and faculty crafted an organizational chart that depicted a model with a Student Board across 2 classes of students (Fig. 1) Having members of 2 classes for each position allowed for seamless leadership—when one class was on clinical affiliation, the other class assumed full leadership responsibility (Fig. 2).

The students and faculty created a process whereby students apply for membership on the Student Board in the spring of their first year after a presentation about the different

positions. Student Board applications are reviewed, and members were appointed by the current Student Board, with final approval from faculty. Student Board members serve an average of 50 hours per semester, which includes both board member duties and client care hours. Students do not receive any course credit or financial compensation for serving on the board.

Another element of sustainability was the legal issues that surrounded operating a clinic. The 2 faculty members who attended the student-run clinic conference and the program director met with university risk management staff to discuss these issues. The university position was that because the clinic would be housed on campus, the liability would be covered by the university liability policy. Additionally, the university viewed the students working in the clinic as an extension of the program and thus felt the students were covered by the university liability policy in the same way that they are when functioning in any of the other community engagement opportunities offered by the program or out on a clinical experience. In response to these issues, the program decided that each course syllabus would include a statement that participation in the pro bono clinic might be included as a course requirement. The university was clear that all physical therapists supervising the students in the clinic would need their own malpractice insurance.

Both the program and the university noted that the presence of a Pennsylvania-licensed, supervising physical therapist was an essential component of clinic operations. Several classes of program alumni had participated in the Mercy Pro Bono Clinic, the most recent of which had donated money toward creation of the clinic. A request for super-

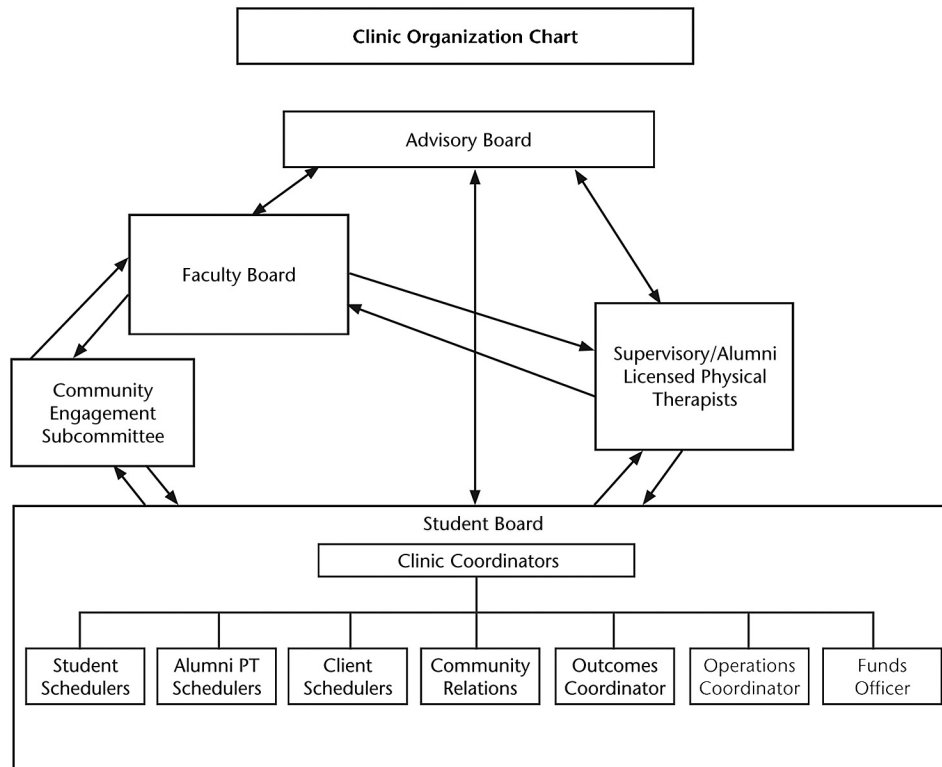


Figure 1. Chester Community Physical Therapy Clinic organizational chart. PT=physical therapist.

	September/ October	November/ December	January/ February	March/April/ May	June/July/ August
PTIIs					
PTIIs					
PTIs					

Figure Legend:

PT board members off campus	
PT board members on campus	
PT board members not available	

Figure 2. Rotation of classes of Student Boards. PT=physical therapist.

vising therapists was placed in the alumni newsletter, and faculty members contacted former students who were likely to have an interest. From this effort, an initial pool of 6 alumni physical therapists was established. One alumnus, who lives and works in Chester, committed to supervision one day a week as well as serving as a key informant on community

culture. She has served as a mentor for newer alumni who volunteer as supervisors.

The creation of the supervising therapist role allows program graduates to maintain a connection to the program. Furthermore, recent graduates who may not have the means to donate financially to the program

can still donate their time. Engaging alumni as supervising therapists also freed faculty members from the responsibility and time commitment of student supervision.

Although it was important that the clinic be sustainable regardless of faculty turnover, faculty oversight is still essential, and thus the Faculty

Board was created. The establishment of a Faculty Board consisting of more than one faculty member ensured that if one faculty member with a vested interest in the clinic could not continue in a leadership role for any reason, the clinic project would continue under the guidance of other faculty members. Service on the Faculty Board denotes committee involvement and thereby counts as service within the faculty member's portfolio. The Faculty Board meets and communicates at least biweekly; provides final approval for selection of Student Board members; removes Student Board members who are in academic difficulty and appoints replacements; provides collaboration with and mentorship for alumni supervising physical therapists; fosters relationships with referral sources; communicates and collaborates with University Relations staff; and seeks to empower and support the student leadership.

An important issue related to sustainability was identifying appropriate space, potential funding avenues, and in-kind donation sources. The program had 750 square feet of unused space in a university-owned home approximately 5 blocks from campus and accessible to the community via public transportation. The university made a financial commitment to dedicate this space to the clinic and cover the cost of utilities. A university capital improvement grant was pursued and awarded, which provided funding to renovate the space so that the clinic would be accessible to individuals with disabilities.

The program identified 4 avenues of funding. The first was grant applications to local foundations. This avenue yielded limited results for 2 reasons. Local foundations reduced their budgets due to the economy and chose to focus on prior grant recipients. Additionally, the clinic

was a new initiative and did not have outcomes data to support grant applications. The second donation source was the students themselves (ie, the Physical Therapy Student Association and class gifts from graduating classes). Student gifts yielded funds to purchase 2 treatment tables and laminate flooring materials, wall mirrors, and a light industrial strength treadmill. A student and her father installed the flooring, another student built a third treatment table, and still another painted wall murals. The third avenue was faculty and alumni donations; a strategic giving campaign was launched to channel funding to the clinic. The fourth source entailed pursuit of in-kind donations of equipment from the local community. Physical therapy clinics and community members donated equipment such as a recumbent bike, parallel bars, and therapy balls.

A fifth, unexpected, source of donations was a rehabilitation supply company that embraced the pro bono project and provided furniture and equipment at significantly discounted costs, and sometimes at no cost. The funding and donations that were received from all 5 sources allowed the creation of a warm and inviting environment where valued physical therapy clients would be welcomed and served in a respectful manner.

Application of the Process

The inaugural Student Board, consisting of 21 students across 2 classes (several of the board positions were held by more than one student), began meeting 2 months after the Student-Run Free Clinic Conference. Students oversaw the completion of the renovations, the furnishing of the space with needed physical therapy equipment, the establishment of a policy and procedure manual, and the creation of intake paperwork and documentation forms.

They designed and printed prescription pads, appointment cards, and 4 marketing flyers targeting 4 audiences—referral sources, alumni, donors, and the community. They also created 2 Web sites, one for community members and one for alumni. They held an open house, a physician marketing luncheon, and 2 fund-raising events, including a fund-raising softball game against the Philadelphia Phillies' Ball Girls. The students continue to market the clinic's services at health fairs, local schools, and Chester community events throughout the year.

The clinic opened its doors to clients 7 months after formation of the Student Board. For a nominal fee-for-service payment of \$5.00, clients receive services from graduate physical therapist students under the direct supervision of licensed physical therapists, usually alumni of the program. Clients are referred by physicians from local community health clinics and local physical therapy clinics that are turning away uninsured clients or whose clients have reached their limit for care.

The clinic is open 3 evenings a week, with Mondays reserved for serving pediatric clients and their families. Additionally, the clinic is capable of providing community health education and wellness activities, including blood pressure screens, physical fitness assessments, community health education sessions, and a repository for durable medical equipment.

Regular leadership training and professional development opportunities are scheduled as a service benefit to Student Board members; these opportunities foster the leadership skills necessary to run the clinic. Leadership training has included a discussion by the dean of the school about how boards operate, an opportunity to participate in a leadership development program, training

Table 2.
University and Program Mission Statements

Widener University mission statement	<p>“... we inspire our students to be citizens of character who demonstrate professional and civic leadership”</p> <p>“... we contribute to the vitality and well-being of the communities we serve.”¹⁶</p>
Institute for Physical Therapy Education mission statement and program goals	<p>Program goals and objectives are to foster competency, character, and citizenship:</p> <ul style="list-style-type: none"> • Competency is developed, in part, by providing “opportunities to gain the knowledge and experiences necessary to be effective general practitioners.” • Character is fostered, in part, by developing “skills in evaluating the professional environment to recognize the moral dimension of the healthcare milieu.” • Citizenship is fostered through encouraging “active participation in the multiple arenas of the healthcare delivery system, including: patient care, public health, wellness and prevention, advocacy, and professional organizations” and fostering “an investment in the physical therapy profession, the community, and society.”¹⁷

on self- and peer-assessment, and an on-campus leadership conference. In addition to these local opportunities, representative board members have presented the clinic model within the university, regionally at a South-eastern District Pennsylvania Physical Therapy Association meeting and nationally at the Student-Run Conference on Student-Run Clinics, at APTA’s National Student Conclave, and at APTA’s Combined Sections Meeting.

Finally, student and supervising therapists receive formal acknowledgment of their service hours. All student volunteers receive certificates tracking their hours of volunteering each semester; beginning this year, supervising physical therapists also will receive certificates with their yearly hours of service totaled. Additionally, supervising therapists receive small tokens of appreciation for their service, such as gift cards. Volunteers who commit to a certain number of hours also benefit from having their malpractice insurance paid for by the program.

Outcome

The model for a student-led clinic was successful in launching a physical therapy pro bono service; however, it also was necessary to evaluate its sustainability to either validate the existing model or make necessary changes. Evaluation of the clinic model was performed by considering 8 strategies for creating sustainable community engagement initiatives identified by Smith et al.²

The first strategy is to ensure that the community engagement program’s mission aligns with the institution’s mission.² Both the university and the program missions^{16,17} are in alignment with the establishment of a pro bono clinic (Tab. 2). The mission of the community engagement initiatives within the physical therapist program reflect both the university and program missions as students are encouraged to actively work with community partners to meet identified health needs.

The second strategy for sustainability is involving students in program planning and implementation.² As

previously discussed, a Student Board oversees all aspects of the clinic. Students provide the physical therapy services at the clinic, develop clinic programs, and oversee clinic operations. Additionally, a student pro bono clinic committee consisting of physical therapist students who are interested in working at the clinic or assisting the Student Board was formed. Finally, undergraduate pre-physical therapist students who are enrolled in a Pre-Physical Therapy Service-Learning Course devote some of their classroom hours to acting as physical therapy aides and observing client treatments.

A third consideration requires working with community partners to be reflective of a true partnership. Programs that treat community partners as equals have an increased likelihood of meeting community needs.^{2,18-20} The Institute of Physical Therapy Education has built strong partnerships with organizations that serve the Chester community through other community engagement initiatives. These respectful partnerships provided the physical therapist program increased credibility within the Chester community, which allowed the clinic its initial success. Partnerships with local medical professionals are our initial referral base for the clinic. Our informational fliers have been provided to all of our community partners to share with their clients. Local churches, YMCAs, and community organizations planning health fairs have requested that the clinic staff an informational table. Finally, a university-sponsored charter school has held an open house for parents in our clinic and has invited the clinic participants in to speak to parents and to show their students’ families what local health services are available to them.

The fourth strategy to build sustainability is supporting faculty through development, mentorship opportunities, and resources.² The previously described Faculty Board consists of the Community Engagement Coordinator, the Pro Bono Service Coordinator, and the director of the academic program. The physical therapist program currently has 2 full-time faculty with defined service responsibilities that are directly tied to community engagement initiatives; removing other service responsibilities has allowed these faculty members to pursue community engagement successfully. The Community Engagement Coordinator has the primary responsibility for developing and overseeing the community engagement activities offered within the program, and the Pro Bono Service Coordinator provides primary oversight for the clinic. The third member of the Faculty Board, the program director, provides mentorship to these faculty members, offering support and collaboration as they shift their scholarship efforts to focus on community engagement.

The fifth strategy for sustainability is clear communication about the community engagement program; a brief, informative description about community engagement opportunities allows for improved marketing and visibility on campus, to grant funders, and to the community.² As mentioned previously, print materials were created to market the clinic to 4 key constituent groups and have been translated into Spanish. Participation in local health fairs and community events has increased exposure to the clinic and its services. The 2 Web sites provide information and a means of communication for community members and alumni. The proposed Advisory Board will further assist in promoting clear communication to the community and other stakeholders.

The sixth strategy is evaluate the impact the community engagement program is having on the students and on the community.^{2,18-20} The data collected by the Outcomes Coordinators of the Student Board provide information necessary to improve clinic operations as well as track the number of clients served and client outcomes. The total number of patient visits in the first year of operation was 297. Students have begun to assess discharge disposition using a global improvement scale, which will allow for comparison of client improvement across diagnoses. Students also have plans to track billable units for client care. This information will demonstrate the cost savings to the local health care system that otherwise might absorb the cost of treating uninsured or underinsured clients. There are plans to qualitatively investigate the experiences of clients served by the clinic in the future.

To measure student outcomes, the Faculty Board is currently performing a qualitative investigation with the inaugural Student Board members to discover their experiences with launching the clinic. Preliminary results indicate that these experiences allowed for integration and application of all components of their physical therapist education. Additionally, the students took pride in the process of clinic development and management; they valued the conference presentation opportunities, and they saw the connection between the clinic and their future as physical therapists with a desire to continue the practice of the core values of altruism and social responsibility.

Future research plans include investigating the experiences of students who are not on the Student Board serving in the student-led pro bono clinic and the perspectives of alumni supervising physical therapists. To

date, 122 students in the classes of 2010, 2011, and 2012 have volunteered at the clinic. This number represents 34% of the student body. The experiences of students participating in the clinic will be assessed through program exit interviews, which will uncover linkages between the clinic and program mission, program measure of clinical competency, and program measure of cultural competency using the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals–Student Version (IAPCC-SV) cultural competency tool.²¹

Supervising physical therapists donated 380 hours in the first year of operation and have noted anecdotally the benefits of the mentorship experience. The experiences of the supervising physical therapists will be evaluated through a qualitative investigation looking at the mentorship components of clinic involvement. More formal investigations will evaluate the impact of the clinic on all key participants, including the students, the supervisors, the community members, and the university. This evaluation will inform and direct future programming and guide any refinements to the existing model.

The seventh strategy is diversify potential funding opportunities for community engagement activities.² The student-led pro bono clinic has 5 disparate avenues of fund procurement, as indicated previously. These various avenues ensure that the student-led pro bono clinic has several options for financial sustainability.

The eighth strategy was perhaps the most instrumental in launching the student-led pro bono clinic: start small and build on your strengths.² The clinic opened 2 nights a week for a few hours and expanded to 3 evenings a week after several

months of operation. Advertising for the clinic was purposefully restricted to word of mouth for the first 5 months of operations in order to ensure that operations were running smoothly. Only after there was an adequate pool of alumni supervising physical therapists and the students felt comfortable with the clinic operations was more formal advertising pursued. Additionally, capitalizing on the program director's specialty area in pediatrics, one of the evenings is now dedicated to pediatric clients.

Discussion

The student-led pro bono clinic model has the potential to develop student clinical skills, to foster APTA core values, and to develop student leadership and managerial skills. Through participation in direct client care and service on the Student Board, the students in our program are provided with additional opportunity for professional growth. Reynolds²⁰ found that a service experience project within a physical therapist education curriculum served to develop both clinical skills and social responsibility. Reynolds²⁰ noted that many curricula provide physical therapist students limited opportunities to develop social responsibility and patient advocacy skills in community programming; however, when students were provided with these opportunities, social responsibility emerged. Additionally, this service-learning project served to develop communication, professional practice development, and consultation, health and wellness promotion, and administration skills.²⁰ Wilson and Collins²² described a service-learning program that provided a part-time clinical education program, which simultaneously integrated managerial content in a physical therapy curriculum. This program provided various physical therapy services, including pro bono services. Students demon-

strated development of skills in management, conflict resolution, financial responsibility, and leadership.

The model also is an opportunity for alumni to develop their clinical supervision skills and to receive faculty mentorship, as well as provide mentorship for students. The literature supports the importance of mentorship in the development of expert clinicians,^{23,24} particularly in the formative years of practice.¹² Students are recipients of focused clinical mentorship in this model. Likewise, the mentorship plan for less experienced supervisors paired with more experienced clinicians fosters additional professional growth.²⁵ Future plans include investigating the meaning of these mentorship experiences.

The student-led pro bono clinic model is both useful and economical in meeting community physical therapy needs of uninsured and underinsured local residents. The clinic provided 297 treatment sessions in its first year of operation and has continued to add new clients for physical therapy services. The feasibility of the model is enhanced by its overall cost effectiveness due to its reliance on volunteers and the university's donation of space and utilities.

Finally, our outcomes assessment and the pro bono health services literature support our assertion that this clinic model is sustainable. Ahmed et al²⁶ described one element of sustainability in a physician-run pro bono health clinic as the attraction and retention of clinicians with a long-term commitment to the project. A student-led clinic model ensures that there is a built-in cohort of future clinicians who are capable of providing care. Additionally, this model then graduates physical therapists both committed to the program and desiring to function as supervising licensed physical ther-

apists. Ahmed et al²⁶ also described another element as commitment to and recognition of volunteerism. In our clinic model, we provide formal acknowledgement of service to both student and supervising physical therapist volunteers as well as provide gifts of appreciation to our supervising physical therapists. Another element is building effective community partnerships.²⁷ The program built respectful partnerships over time, which has led to increased trust in the community, a referral base within the local medical community, and many venues to market the clinic services. Planning for and identifying long-term funding for operation costs is another key component described in the pro bono medical and dental literature.^{28,29} A strategic planning fund that is tied to the clinic was created. Additionally, the donation of the space and utilities by the university and the donation of time by students and alumni decrease operation overhead costs.

Lessons Learned

The student-led pro bono clinic model is both feasible and generalizable to other physical therapist programs. One of the biggest challenges the faculty initially faced was a lack of trust in students to manage clinic operations. With time, the faculty came to relinquish all responsibilities to the students and found them to be highly capable of leading and directing the initiative. Physical therapist students in other programs would have similar skill sets and motivation and would be as capable of leading a high-quality program, given the opportunity and initial direction.

Additionally, although starting slowly and building on your strengths² is one important feature of sustainability, we could have grown the clinic client base more rapidly. Initially, we were too cautious in promoting the clinic through the local newspaper and community events. We

were concerned that the students and the clinic would not be ready to serve the larger community in an excellent manner and thus took on a small caseload of private referrals. In retrospect, our concerns were unfounded.

We also have learned to think beyond the provision of traditional physical therapy services in order to more completely serve our local community. Future plans for the clinic include housing a repository of assistive devices to be loaned to community members and conducting community health education nights, which will allow the students to utilize their knowledge base and organizational skills to build upon the meeting of community needs.

In conclusion, this model of a student-led pro bono clinic, which serves the physical therapy needs of the uninsured and underinsured residents in an urban community, presents an innovative educational and leadership development opportunity for students and alumni. Additionally, this model represents a sustainable method to strengthen partnerships between a university program and the local community.

All authors provided concept/idea/project design, writing, and data collection and analysis.

A discussion of the clinic model took place at the Combined Section Meeting of the American Physical Therapy Association; February 9–12, 2011; New Orleans, Louisiana. Students presented the model at a Southeastern PA District meeting, January 13, 2010; at the Student-Run Free Clinic Conference, January 22, 2011; and at the 2010 National Student Conclave of the American Physical Therapy Association; October 29–31; Cherry Hill, New Jersey.

DOI: 10.2522/ptj.20100437

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